



Conejo Orchid Society

2024 Membership Application

NOTE: Information submitted on this form will be used ONLY for official COS business and will not be shared.

Please Print Clearly

Last Name _____ First Name _____

Street _____

City _____ State _____ Zip _____

Phone (____) _____ - _____

Email _____

Membership Fee (January to December) \$20

___ Additional Members in same Household @\$10 ___

___ Optional Badge(s) for new member(s) @\$10 ___

Total \$ _____

(Note: Please write the name(s) and email(s) of additional members on back)

Make Check payable to COS and mail to:

COS, % Susan Dubin, 4059 Stoneriver Court, Westlake Village, CA 91362

Membership Questions?

Please contact Susan Dubin (805) 497-6700

COS USE ONLY: Date received: _____

Membership No.: _____

Gmail list.: _____

Name Badge Ordered.: _____

Check No. _____

Cash _____