



Conejo Orchid Society

2024 Mid-Year First Time New Member Only 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 (June to December) \$10

____ Additional Members in same Household @\$5 ____

____ 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, % Petra Myers, 2965 Potter Avenue, Thousand Oaks, CA 91360

Membership Questions?

Please contact Petra Myers (805)-338-4116

COS USE ONLY: Date received: _____

Membership No.: _____

Gmail list.: _____

Name Badge Ordered.: _____

Check No. _____

Cash _____