

Lompoc Valley Botanic and Horticultural Society

Annual Membership Form

Full name: _____

E-mail: _____

Mailing address: _____

City: _____ Zip Code: _____

I am a: renewing member new member

I would like to help with:

- Fundraising
- Special events
- Garden care days
- Refreshments
- Social media
- Serving on the Board
- Other: _____

Payment Details

Include a check payable to LVBHS for \$20.00 (or \$40.00 for two years).

Mail your completed form and payment to: LVBHS, c/o Carl Jones – Treasurer, 416 North C St, Lompoc, CA 93436

or bring it to our next meeting.

● **THANK YOU** ●

WE'RE SO GLAD YOU'VE JOINED OUR GARDEN CLUB!