

Lompoc Valley Botanic and Horticultural Society

Annual Membership Form

My Contact Details

Name: _____ Phone: _____

Email: _____

Mailing Address: _____

City: _____ Zip Code: _____

I am a:

- Renewing Member
- New Member

I would like to help with:

- Fund Raising
- Refreshments
- Other: _____
- Special Events
- Social Media

Garden Work Days

Serve on the Board

Please send my Newsletter to: My Email only My Mailing Address

Payment Details

Include a check payable to LVBHS for \$15.00 (or \$30.00 for two years).

Mail your completed form and payment to:

Carl Jones, LVBHS Treasurer
416 North C Street
Lompoc CA 93436

Or bring it to our next meeting.