

# Lompoc Valley Botanic and Horticultural Society

## Annual Membership Form

Full name: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

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 the address below or bring it to our next meeting.

LVBHS c/o Helga George - Membership

624 South C Street

Lompoc, CA 93436

● **THANK YOU** ●

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