

# 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: 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!**