



New Renewal PayPal Date: _____

CENTRAL ARIZONA CACTUS AND SUCCULENT SOCIETY MEMBERSHIP FORM

For new and renewal membership, complete this form and make check payable to CACSS.

Mail to: CACSS, PO Box 63572, Phoenix, AZ 85082-3572.

Please take special care in ensuring all information is legible.

Name (1): _____ E-mail: _____

Name (2): _____ E-mail: _____

For renewing members, please check if all following information remains same.

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (Home): _____ (Cell): _____

Do not publish my information to the CACSS membership list. (Note: we do not share information.)

Areas of volunteer interest: _____

How did you hear about us: _____

Includes monthly full-color newsletter via e-mail.

Annual Membership Fee: Individual \$20 Family \$25

Multi-year renewal (x) Years _____ = Total Fees Submitted _____

Please share your ideas for speakers or how we can improve your club experience:

If you would like to speak to someone about your membership please contact Beth Kirkpatrick, Membership Chair, at

centralarizonacactus@gmail.com