



# CENTRAL ARIZONA CACTUS AND SUCCULENT SOCIETY (CACSS)

## MEMBERSHIP FORM

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Date: \_\_\_\_\_

New      Renewal | Membership Type (Select): \_\_\_\_\_

Complete this membership form and select a payment method.

**Check or Money Order:** Payable to CACSS; Mail payment and this membership form to:  
CACSS, PO Box 63572, Phoenix, AZ 85082-3572

**PayPal:** Click PayPal link on CACSS website: <https://centralarizonacactus.org/membership/>

Scan and email this membership form to [centralarizonacactus@gmail.com](mailto:centralarizonacactus@gmail.com)

Note: Membership Includes monthly full-color newsletter via email.

### **Membership Information**

Name (1): \_\_\_\_\_ Email: \_\_\_\_\_

Name (2): \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

Please don't publish my information in the CACSS membership list. Note: We will not share your information

Volunteer interest: \_\_\_\_\_ Other, please specify: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

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

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If you have any questions regarding your membership, please reach out to Beth Kirkpatrick, Membership Chair, at [centralarizonacactus@gmail.com](mailto:centralarizonacactus@gmail.com)