

## **San Gabriel Valley Chrysanthemum Society**

Membership Form Date \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**E-Mail** \_\_\_\_\_

( ) New Member ( ) Renewing ( ) Kids Club

Please turn into the Membership Chair or send to:

( \$40 or \$50 ) Check to : SGVCS

P O Box 94291

Pasadena, CA. 91109

Meetings are 3<sup>rd</sup> Monday of the Month at 7:00pm at

The Los Angeles County Arboretum.

Contact E-Mail: [sgvcsmums@gmail.com](mailto:sgvcsmums@gmail.com)

Payment Amount \_\_\_\_\_ Visa ( ) Cash ( ) Check (# \_\_\_\_\_)

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### **Receipt for SGVCS Membership**

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

Amount Paid: \_\_\_\_\_ Visa ( ) Cash ( ) Check ( )

SGVCS Email : [sgvcsmums@gmail.com](mailto:sgvcsmums@gmail.com)

Received By: \_\_\_\_\_