

SOUTHERN CALIFORNIA PLUMERIA SOCIETY

# MEMBERSHIP RENEWAL

**Annual Dues: \$18.00**

Pay either at a meeting or mail to  
SCPS, P.O. Box 20533, El Cajon, CA 92021  
(Check payable to SCPS)

*Please print legibly*

Name \_\_\_\_\_

List second name \_\_\_\_\_

IF DUAL MEMBERSHIP

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

9-DIGIT ZIP CODE

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_

AREA CODE

FOR MEMBER'S PERIODIC EMAILS