

EPIPHYLLUM SOCIETY OF AMERICA

Application for Membership

Name: _____
Business/Organizaton: _____
Address: _____
City, State, Zip +4: _____
Country: _____
EMAIL ADDRESS: _____
Telephone: _____

Dues @ \$20/year _____
*(Optional) Registry @ \$30 plus _____
\$6.50 Shipping: _____
Total Amount Enclosed: _____
Today's date: _____

*****EMAIL ADDRESS REQUIRED FOR MEMBERSHIP*****

All members receive electronic communications

Print and complete this form. Mail it, along with your check, to:

Epiphyllum Society of America

Geneva Coats, Treasurer/Membership Chair

13674 Geranium St

Chino, CA 91710-5080 USA

Make check payable to "ESA"

Check must be drawn on a US bank