2026 MEMBERSHIP FORM

Return to an officer at a monthly meeting, mail to:
Bonsai Club of Santa Barbara
c/o Joe Baldassini
1570 Black Oak Dr
Orcutt, Ca 93455
or email to: bonsaiclubsb.membership@gmail.com

Name(s): _____ *(renewing members)* *NO INFO CHANGE* ☐

Address: _____

_____

Phone: _____

Email: _____

Phone number in club directory *YES* _____ *NO* _____
Email in club directory *YES* _____ *NO* _____

MENTORSHIP:
New(er) Members, *would you like to be connected with a more experience club member for mentorship? YES* ____ *NO* _____ *(indicate species below)*
*Preferred Contact: Phone*_____ *Email*_____

Experienced members, *are you willing to mentor new members?*
*YES*_____ *NO* _____*(indicate species below)*
*Preferred Contact: Phone*_____*Email* _____

Species interest (x):
Pines _____ *Broadleaf Evergreen* _____

Evergreen _____ *Tropicals* _____

Deciduous _____ *Specific:* _____

DUES (x):
Individual $40 _____ *1/2 year (MAY-DEC) Individual $20*_____
Family $50 _____ *1/2 year (MAY-DEC) Family $25* _____
Student $20 _____ *1/2 year (MAY-DEC) Student $10* _____

If payed via website, please list amount and payee's name:

_____

Donation: (Any amount welcome-tax deductible-Tax ID #77-056627) _____

*Check*____*Cash* ____ *Paypal*____ *Square* ____*Total Paid:* _____

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