

**NEW YORK STATE AFRICAN VIOLET SOCIETY, INC.
APPLICATION FOR MEMBERSHIP/RENEWAL**

Send application/renewals to:

Bob Clark
Membership Secretary
1122 East Pike Street, PMB 637
Seattle, WA 98122-3916
bobclark98122@gmail.com

CHANGE OF ADDRESS

When planning a change of mailing address or email address, please notify immediately to avoid delay/loss of delivery

As a member you will receive an electronic copy of the EVM quarterly. If you are unable to receive the digital version, please add \$6.00 annually to cover the cost of a mailed copy.

PLEASE CHECK PROPER BOX :

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Individual Membership | \$15.00 |
| <input type="checkbox"/> Joint Membership (two members in same household) Annually | \$5.00 extra for second person |
| <input type="checkbox"/> Life Membership | \$150.00 |
| <input type="checkbox"/> Commercial Membership | \$20.00 |
| <input type="checkbox"/> Affiliate Membership | \$20.00 |

NYSAVS Booster Club Donation \$ _____

Total amount enclosed \$ _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email address: _____ Telephone number _____

**Make checks or postal money orders payable in US funds to:
NEW YORK STATE AFRICAN VIOLET SOCIETY, INC.**

Please list any African Violet Societies or Clubs of which you are a member:
