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

Please enroll me/us as a member of the New York State African Violet Society, Inc.

As a member you will receive an electronic copy of the EVM.

PLEASE CHECK PROPER BOX:

☐	**Individual Membership**	$15.00
☐	**Joint Membership** (two members in same household) Annually	$5.00 extra for second person
☐	**Commercial Membership**	$20.00
☐	**Affiliate Membership**	$20.00

Name: _____

Address: _____

City:_____State:_____Zip: _____

Email address:_____

Telephone number: _____

Mobile:_____

AVSA Membership 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:

_____