

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

Send application/renewals to:

NYSAVS c/o Bob Clark  
Membership Secretary  
1211 East Denny Way, #B28  
Seattle, WA 98122-2516  
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:**

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

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