

Application for Membership

Full membership is \$8.00 per year; \$6.00 for Seniors over age 65.
Associate membership is \$4.00 per year, but does not include the newsletter.

To join, please print out this form and mail it with your check made payable to the

Bay State African Violet Society to:

Peg Eaton Crawford, Membership Chair
12 Matchett Street
Brighton, MA 02135
E-mail: peg_crawford@msn.com

Please print clearly:

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

E-mail: _____

Are you a member of AVSA? Yes No

If yes, what is your member number? _____

Are you a member of a local club affiliate? Yes No

If yes, which club? _____

If you are not a member of an affiliated club, would you like someone to contact you regarding joining a local group: Yes No

Which group are you interested in? _____

What is the best way to contact you? Mail Phone E-mail

Thank you!