

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

Note: Payment to be made in Canadian Dollars.

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 \$9.00 annually to cover the cost of a mailed copy.

Please check Proper Box:

- | | | |
|--------------------------|--|-------------------------|
| <input type="checkbox"/> | Individual Membership | \$21.00 |
| <input type="checkbox"/> | Joint Membership (two members in same household) Annually | \$7.00 for extra person |
| | NYSAVS Booster Club Donation | \$ _____ |
| | Total amount enclosed | \$ _____ |

Name: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

NEW YORK STATE AFRICAN VIOLET SOCIETY, INC. Please list any African Violet Societies or Clubs of which you are a member:

