

MAAVS Membership

Application for Membership Mid-Atlantic African Violet Society

Date _____ New _____ Renewal _____

Individual _____ \$15.00
Joint (2 members, same address) _____ \$20.00
Affiliate/Commercial _____ \$20.00
MAAVS Pin _____ \$ 5.00

(If new member dues are paid between June 30th and December 31st, your membership will expire on December 31st of the following year)

Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____

E Mail _____

Check here if you want to receive the MAAVS Memo by USPS _____
(If you don't, it will be E Mailed to you)

Local Affiliate _____

Member of AVSA _____

(Please make checks payable to MAAVS)

Send membership application to:

Ken Barbi
1809 View Top Court
Annapolis, MD 21409-5973