

Application for Membership in the Mid-Atlantic African Violet Society

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

Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____

E Mail _____

Local Affiliate _____

Member of AVSA _____

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

Please make checks payable to MAAVS and
send them to:

Sharon Long
1546 Heritage Drive
Richmond, VA 23238

