



Heart of Jacksonville African Violet Society

This form and payment may be mailed to: **HJAVS Membership Chair**
1846 Selva Grande Dr.
Atlantic Beach, FL 32233

Today's Date:

Make checks payable to: HJAVS

One membership (\$20) Couple/Family (\$25)

Existing Member: Yes No Existing members, only fill in your name and any updates.

New member(s): How did you hear about our club?

What section of town do you live in?

Name:

Member 1

Member 2

Street Address:

Member 1

Member 2 (leave blank if same as Member 1)

City, State, Zip:

Phone #s:
(check preferred number)

Member 1

Member 2 (leave blank if same as Member 1)

Home:

Home:

Cell:

Cell:

Work:

Work:

Email:

Member 1

Member 2 (leave blank if same as Member 1)

Birthday (day/month):

Member 1

Member 2

Payment amount:

\$20-Single \$25-Couple

Cash Check Credit Card

Received by: