



**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**

**Membership Dues:**

Single - \$20 Family - \$25 Each additional family member - \$10

**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:

**Preferred method of contact:**

- Email
- Phone call
- Text

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  \$10- Add. Family Member

Cash  Check  Credit Card  PayPal

Received by: