

AFRICAN VIOLET COUNCIL OF FLORIDA

APPLICATION FOR MEMBERSHIP - 2017

Membership payments due January 1st

Delinquent February 1st

Membership expires March 1st

(Individual's Name)

Home ()

Cell ()

Telephone

(Individual's Address)

(Individual's Email)

(City)

(State)

(Zip)

Individual please fill out the following:

Birthdate: Month/Day

My local club is:

in

My local club has insurance?

Yes

No

(check one)

Please check the following statements that apply to you:

I am a charter member of the African Council of Florida

I am a member of the African Violet Society of America (AVSA)

I am a life member of AVSA

I am an AVSA Judge.

Please circle the appropriate status:

Student, Advanced, Senior, Master, Teacher,

I am a member of the Dixie African Violet Society (DAVS)

I am a life member of DAVS

I am a member of the Gesneriad Society

I am a Gesneriad judge

Affiliated Clubs, Please fill out the following:

Name of the organization

Name of Current President

Number of members

Our club is covered by AVSA insurance?

Yes

No

Club meets: time/day/dates

at (location)

Please Make sure we have the MOST recent list of elected officers:

Vice President

Secretary

Treasurer

Class of membership:

Individual (\$10.00)

Affiliated Clubs (\$15.00)

Commercial (\$15.00)

Honorary (an honorary) life membership is given to all past Council presidents. A one year honorary membership is given to the Council Show Sweepstakes Winner.

Honorary Members also need to complete and mail this form in order to have updated information available for our Council Directory. Thank You!

Please mail your check for the appropriate amount (see above) made payable to:

African Violet Council of Florida

Mail check (PLEASE INCLUDE) this form to the Council's Treasurer:

Sharon Gartner: 1573 LaBaron Ave., Jacksonville, FL 32207