



# 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: <input type="checkbox"/>	Home: <input type="checkbox"/>	
	Cell: <input type="checkbox"/>	Cell: <input type="checkbox"/>	
Preferred method of contact: <input type="checkbox"/> Email <input type="checkbox"/> Phone call <input type="checkbox"/> Text	Work: <input type="checkbox"/>	Work: <input type="checkbox"/>	
Email:	Member 1	Member 2 (leave blank if same as Member 1)	
Birthday (day/month):	Member 1	Member 2	
Payment amount:	\$20-Single <input type="checkbox"/> \$25-Couple <input type="checkbox"/> \$10- Add. Family Member <input type="checkbox"/>	Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> PayPal <input type="checkbox"/>	Received by: