



**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 - \$25 Each additional family member - \$10		Existing Member: <input type="checkbox"/> Yes <input type="checkbox"/> 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) Preferred method of contact: <input type="checkbox"/> Email <input type="checkbox"/> Phone call <input type="checkbox"/> Text	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"/>		
	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:	<input type="checkbox"/> \$25 - Single	Number of Additional Members: _____	Total Amount Paid \$ _____	Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> PayPal <input type="checkbox"/>