

2021 Bromeliad Society of Central Florida

MEMBERSHIP FORM

PLEASE PRINT CLEARLY

____NEW MEMBER ____RENEWAL

Name(s) _____

Address _____

City, State Zip +4 _____

Phone /Email _____

\$15 for first member, plus \$5 per each additional family member at the same address. Name Badges \$7 per member, if desired. Please check ____ if you would like a name badge ordered for you.

AMOUNT ENCLOSED _____ Make checks payable to BSCF MAIL TO: **Bromeliad Society of Central Florida, PO Box 536961 Orlando, FL 32853-6961. Or bring to the January meeting.**

Meetings are held the 3rd Wednesday of every month, from 6:30-9:00 pm (buy plants from the speaker between 6:30-7pm) at Leu Gardens, 1920 N Forest Ave, Orlando, FL 32803. You'll enjoy informative programs, Show & Tell, plant sales, refreshments, and door prizes. Members also receive a newsletter. Please come join us!

Treasurer: Date _____ Check # _____ Cash _____