
Bromeliad Society of Central Florida

MEMBERSHIP FORM

_____ NEW MEMBER _____ RENEWAL

PLEASE PRINT CLEARLY

Name (s) _____

Address _____

City, State Zip +4 _____

Phone/Email _____

\$15 for one member, plus \$5 for each additional family member at the same address.

Name Tags are optional. The price for a name tag is \$8 per member.

If so desired please insert number ordered _____ \$ _____

AMOUNT ENCLOSED \$ _____ Make checks payable to BSCF

Either **bring payment to the next meeting, OR** If mailing please send to:

Bromeliad Society of Central Florida, PO Box 568872 Orlando, FL 32856-8872.

Meetings are held at Leu Gardens, 1920 N Forest Ave, Orlando, FL 32803.

On the 3rd Wednesday of every month, from 6:30-9:00 pm. Buy plants from the speaker between 6:30-7pm. The meeting starts promptly at 7:00. You'll enjoy informative programs, Show & Tell, plant sales, door prizes and raffles. Members also receive a monthly newsletter. Please come join us!

Date _____ Check # _____ Cash \$ _____