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# 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 \$10 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.**

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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 \$ \_\_\_\_\_