



African Violet Society of Philadelphia

<http://www.phillyviolets.org>

Membership Application

Membership entitles me to participate in all AVSP events, and use of the AVSP library, store, and certain discounts, and receive the society's yearbook & newsletter *The Violet Voice*.

Enclosed is payment of my membership dues of \$15.00 for the period of June _____ to June _____.

Name:

Address:

Birth Date (Month & Day only):

Telephone Number(s):

Email:

**Are you currently a member of the African Violet Society of America?
DYES DNO If Yes: AVSA Number**

Make \$15.00 check payable to: "AVSP"

Bring application to a meeting, or contact us at avsp@phillyviolets.org