

APPLICATION FOR MEMBERSHIP IN
Illinois African Violet Society, Inc.

Send to: Joseph J. Bruns, Membership Secretary
1220 Stratford Lane
Hanover Park, IL 60133-2667

Date _____

Please enroll me as a member of Illinois African Violet Society. My dues are enclosed.

Membership includes an on-line subscription to our newsletter, *African Violet Leaves*, which is published four times per year as a PDF document posted on our website.

- Individual membership \$10 per year
- Individual membership \$27 for 3 years
- Dual membership (any 2 individuals residing at the same address) \$11 per year
(add \$1 for each additional member residing at the same address)
- Dual membership (any 2 individuals residing at the same address) \$30 for 3 years
(add \$3 for each additional member residing at the same address)

Name _____

Street Address _____

City _____ State _____ ZIP _____

Telephone _____ E-mail Address _____

Make Checks Payable to Illinois AVS