

The Sarasota Bromeliad Society

Membership Application/Renewal Form

Member Information (Please Print Legibly):

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Cell: _____

Email: _____

Dues Schedule:

\$20.00 per year for Individuals. \$25.00 per year for couples. Dues are paid on a calendar year basis, with renewals due in January. Partial year membership dues are prorated quarterly for new members who join after the first of the year.

Make Your Check Payable to: "The Sarasota Bromeliad Society"

Mail This Form and Your Check To: The Sarasota Bromeliad Society c/o: Bob Stickney,
Membership Chair 4860 Baccus Ave. Sarasota, FL 34233, *or bring them to the next meeting.*

Your Choice: I hereby allow the Sarasota Bromeliad Society to show (check both boxes):

**On The WEBSITE (in password protected
"Members Only" section) include . . .**

- My Name
- My Address
- My Phone number, My Cell number
- My email address
- None of my personal info

CHECK ALL THAT APPLY

**In the Sarasota Bromeliad Society
DIRECTORY include . . .**

- My Name
- My Address
- My Phone number, My Cell number
- My email address
- None of my personal info

CHECK ALL THAT APPLY

New members only: Please tell us how you learned about the SBS: _____

Couples Should Both Sign:

Signature: _____ Date: _____

Signature: _____ Date: _____