

**Sarasota Bromeliad Society
Membership Application/Renewal Form
Member Information (Please Print Legibly)**

Name(s): _____

Address _____

City, State, Zip _____

Phone _____ Cell _____ Date of Application _____

Email _____ Second email _____

Monthly Newsletter is emailed.

Dues: \$20 per year for individual, \$25 per year for couples. Dues are paid on a calendar basis, with renewals due in January. Partial year memberships 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 Avenue, Sarasota, FL 34233
or bring them to the next meeting.

Couples Should Both Sign:

Signature: _____

Signature: _____

SBS depends on membership participation for our success. Please let us know how you can help.

Monthly meetings: _____ Setting up _____ Clean up _____ Plant Raffle _____ Shop

_____ Greeting at membership Table _____ Refreshments _____ Photography

Committees: _____ Shop _____ Library _____ Membership _____ FCBS Representatives

_____ Publicity _____ Webmaster _____ Facebook/Social Media _____ Newsletter

Do you have Skills/Interest in _____ Fundraising _____ Decorating _____ Public Speaking

_____ Excel _____ Word _____ PowerPoint _____ Access _____ Internet/Social Media

_____ Photoshop/Elements _____ Video Editing _____ other

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

_____ friend _____ Facebook _____ SBS website _____ Show or Sale Ad _____

other _____

Meetings are from 6-9 p.m. on the second Monday of the month in the Great Room at Marie Selby Botanical Gardens, 811 S. Palm Avenue, Sarasota, FL