



African Violet Council of Florida Membership Application

Membership payments are due January 1st

Delinquent February 1st

Expires March 1st

Individual Membership \$10.00 ____ Honorary Members (see below) ____ **Today's Date:** _____

Full Name: _____ **If renewing and none of your information has changed, check here**

Email: _____

Cell Phone: _____ Home Phone: _____

Street Address: _____

City: _____ State: _____ Zip Code _____

Birthday Month/Day: _____ New Membership: ____ Yes ____ No

Local Club: _____ in _____

Please check the following statements that apply to you:

____ I am a charter member of African Violet Council of Florida (AVCF)

____ I am an honorary member of the African Violet Council of Florida (AVCF)

____ I am a member of the African Violet Society of America (AVSA)

____ I am a Life member of the African Violet Society of America (AVSA)

____ I am a member of DIXIE African Violet Society (DAVS)

____ I am a Life member of DIXIE African Violet Society (DAVS)

____ I am a member of the Gesneriad Society ____ I am an official Gesneriad Judge

____ I am and AVSA Judge *Check Status:* __ Student __ Advanced __ Senior __ Master __ Teacher

Affiliated Club Membership \$15.00

Name of Organization: _____

Name of Current President: _____

Number of Members: _____ Is your club covered by insurance? ____ Yes ____ No

Club Meeting Time/Days/Dates _____

Club Meeting Address: _____

Treasurer: _____

Vice-President: _____

Secretary: _____

Commercial Membership \$15.00

Name: _____

Address: _____

Honorary Membership: Please check appropriate line below

____ AVCF Past President

____ AVCF Charter Member

____ AVCF Show Sweepstakes Winner, one year

____ Affiliate Club Member Novice Blue Ribbon member, one year

Please make your check payable to AVCF (African Violet Council of Florida) and send to:

Mary Jane DiLorenzo

345 Enclave Dr.

Lakeland, FL 33803