

Date Joined: _____

AGREEMENT for ACTIVE MEMBERSHIP
in the
COLUMBUS AFRICAN VIOLET SOCIETY

I wish to be an active member of the Columbus African Violet Society. I understand that my responsibilities as an active member include:

1. Grow at least three different varieties of violets.
2. Attend at least half of the business meetings and contribute substantial work that is needed by the club.
3. Help with the annual show, either in preparation, committee work or assistance during the show. **THIS IS MANDATORY.**
4. Exhibit one or more entries in the show if at all possible.
5. Assist with some of the other activities of the club, such as tours, programs, sales.
6. Join the African Violet Society of America at least during the first year of membership in CAVS. This will automatically subscribe you to THE AFRICAN VIOLET MAGAZINE.

I will carry out these responsibilities to the best of my ability.

Signature _____ Date _____

INFORMATION (Please print)

Name _____

Address _____

City, State, Zip _____

Phone _____ Cell Phone _____

E-mail _____

Are you a current AVSA member? _____ AVSA # _____

Are you a current member of Ohio State African Violet Society? _____

Birthday (month and day, only) _____

Bring form and dues check (\$15) payable to Columbus AVS to meeting or mail to:

Nancy Carr
107 Canterbury Lane
Reynoldsburg, OH 43068-3204

- I am paying CAVS dues for 2019 (\$15)
- I am paying CAVS dues for other
- My CAVS dues are paid thru _____