

Date Joined \_\_\_\_\_

### Membership Application

I wish to become a member of the Columbus African Violet Society. With the privileges of membership come the following responsibilities:

1. Grow at least three varieties of African Violets.
2. Attend at least half of all business meetings if possible and make significant contributions to the activities and functions of the Club.
3. Assist with the Annual Show and Sale; either in preparation, committee work, or by helping during the Annual Show and Sale. Since this is our primary fundraising and recruitment event, involvement in this is strongly encouraged.
4. Participate by placing entries in the show if possible. Since the show is open to members only, we would not have a show without your entries.
5. Become involved as a standing committee chairperson, member, helper, or CAVS officer.
6. Join the AVSA within one year of membership. This will automatically subscribe you to *African Violet Magazine*.

By signing, I agree to become involved in, and to contribute to the activities of CAVS to the best of my ability.

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### MEMBER INFORMATION (please print)

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home 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) \_\_\_\_\_

Dues \$15 individual, \$22.50 for two at the same address. Bring completed application and dues to a meeting or mail to:

John deSaavedra - Membership  
5899 Blacks Rd SW  
Pataskala, OH 43062  
John.desaavedra@gmail.com

- I am paying 2020 dues. \$ \_\_\_\_\_
- I am paying dues for year \_\_\_\_\_
- My CAVS dues are paid through \_\_\_\_\_
- New Members paying after June 1<sup>st</sup>, \$7.50 individual, and \$11.25 for 2 members at the same address