

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 2021 dues. \$ _____
- I am paying dues for year _____
- My CAVS dues are paid through _____
- New Members paying after June 1st, \$7.50 individual, and \$11.25 for 2 members at the same address