



## MEMBERSHIP APPLICATION / ANNUAL RENEWAL FORM 2017

Date \_\_\_\_\_

Name \_\_\_\_\_ Birth Month \_\_\_\_\_

Name \_\_\_\_\_ Birth Month \_\_\_\_\_

Address \_\_\_\_\_

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

E-Mail \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Would you be willing to serve on a committee or otherwise volunteer? Yes \_\_\_\_\_ No \_\_\_\_\_

### MEMBERSHIP DUES ANNUALLY IN JANUARY

**\$25 – SINGLE**

**\$30 – FAMILY AT SAME ADDRESS**

**\$10 – STUDENT**

**\$5 FOR NAME TAG FOR EACH NAME TAG**

**CHECKS SHOULD BE PAYABLE TO  
THE BROMELIAD SOCIETY OF BROWARD COUNTY (BSBC)  
P.O. BOX 17272, PLANTATION, FLORIDA 33318**

**MEETINGS HELD AT  
DEICKE AUDITORIUM, 5701 CYPRESS ROAD, PLANTATION, FL 33317  
6:30 PM, 3<sup>RD</sup> MONDAY EACH MONTH EXCEPT  
DECEMBER, JANUARY, FEBRUARY DUE TO HOLIDAYS  
SEE SCURF FOR DATE CHANGES**

Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card \_\_\_\_\_