

The Violet Patch of South Florida 2011 Membership Application

INDIVIDUAL MEMBERSHIP

\$10.00 a year January - December

\$5.00 half-a-year July - December

FAMILY MEMBERSHIP

\$14.00 a year January - December

\$7.00 half-a-year July - December

DATE: _____

NAME: _____

NAME: _____

ADDRESS: _____

Please make check payable to ***The Violet Patch of South Florida***

Mail to: Peggy Madison, 3013 La Mirage Drive, Lauderdale, FL 33319

Check below all that apply to you:

_____ AVSA Member

_____ Student Judge

_____ AVSA Life Member

_____ Advanced Judge

_____ AVCF Member

_____ Senior Judge

_____ Dixie AVS Member

_____ Master Judge

New members only: How did you hear about our club? _____

What other horticultural organizations are you a part of? _____

WEBSITE ADDRESS: ***www.violetpatchofsouthflorida.com***