

**BROMELIAD SOCIETY HOUSTON/INC.
MEMBERSHIP APPLICATION**

YEARLY MEMBERSHIP JANUARY THRU DECEMBER

() SINGLE \$20 () FAMILY \$30

NAME

NAME

ADDRESS

CITY

STATE

ZIP

() HOME

() CELL

() WORK

BIRTHDAY(S)

MONTH

DAY

EMAIL ADDRESS TO RECEIVE MONTHLY BULLETIN

MEMBER OF:

BROMELIAD SOCIETY INTERNATIONAL

() YES () NO

THE CRYPTANTHUS SOCIETY

() YES () NO

IN CASE OF EMERGENCY NOTIFICATION FOR CANCELLATIONS

HOW DO YOU WANT TO BE NOTIFIED?

PICK 2

() CALL TO CELL

() CALL TO HOME

() CALL TO WORK

() TEXT TO CELL

() EMAIL

WOULD YOU LIKE A BROMELIAD MENTOR?

() YES () NO