

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

YEARLY MEMBERSHIP JANUARY THROUGH DECEMBER

SINGLE \$20 FAMILY \$30

NAME _____ BIRTHDAY _____
DAY / MONTH

NAME _____ BIRTHDAY _____
DAY / MONTH

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME

CELL

WORK

EMAIL ADDRESS TO RECEIVE MONTHLY BULLETIN:

MEMBER OF:

BROMELIAD SOCIETY INTERNATIONAL YES NO

THE CRYPTANTHUS SOCIETY YES NO

IN CASE OF EMERGENCY NOTIFICATION FOR MEETING CANCELLATIONS
HOW DO YOU WANT TO BE NOTIFIED? CHOOSE 2

CALL TO CELL CALL TO HOME CALL TO WORK

TEXT TO CELL EMAIL

DO YOU WANT A BROMELIAD MENTOR YES NO