

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

**YEARLY MEMBERSHIP JANUARY THRU DECEMBER**

SINGLE \$20     FAMILY \$30

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**NAME**

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**NAME**

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**ADDRESS**

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**CITY**

**STATE**

**ZIP**

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HOME

CELL

WORK

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**BIRTHDAY(S)**

**MONTH**

**DAY**

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**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