

BROMELIAD SOCIETY OF SOUTH FLORIDA
BSSF, Inc.
2019 MEMBERSHIP for NEW MEMBERS

(PLEASE PRINT) NAME(S)

(Couples - please include BOTH first names)

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____

ADD'L. TEL. _____

Year Joined BSSF: _____

Referred by: _____

Include e-mail address in the roster? (Y/N) Yes No

E-mail BromeliAdvisory? (Y/N) Yes No (You will not receive a hard copy)

EMAIL _____

IF ANY OF THE ABOVE INFORMATION IS DIFFERENT FROM LAST YEAR,
PLEASE **HIGHLIGHT** OR UNDERLINE

Please create my(our) membership in the BSSF, Inc. for the period of March 1, 2019 to February 28, 2020.

Check the category: Single membership \$25.00
 Dual membership \$35.00

Dual members enjoy all the privileges of active membership, but receive only one copy of the BromeliAdvisory.

DUES MUST BE RECEIVED BY MARCH 1, 2019, IN ORDER FOR YOU TO BE INCLUDED IN THE BSSF 2019 ROSTER

Please mail completed form and check

(Payable to BSSF, Inc.) to:

Maureen Adelman
9421 SW 134 Street
Miami, FL 33176

Or E-Mail this form to:

mhadelman@comcast.net

You can pay up to 5 years at the rates described above. All payments are NONREFUNDABLE.