

MEMBERSHIP APPLICATION / CHANGE OF ADDRESS

SEND TO: AFRICAN VIOLET SOCIETY OF DAYTON (AVSD)
Lynnette Schluter, Treasurer
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513-644-2545

Date:

Select one: ☐ Membership Application

☐ Change of Address

Membership Desired:

☐ Individual Membership \$15.00

☐ Family Membership \$20.00

PLEASE PRINT

Name/s:

Address:

City:

State:

Zip Code:

Email:

Email:

Phone:

Phone:

Birthday/s: