



APPLICATION FOR MEMBERSHIP

Date _____

Name: _____

Partner/Spouse if also joining _____

Address: _____

City: _____

State: _____ 9-digit Zip Code: _____

Telephone: _____

E-mail: _____

Comments: _____

Please note other BSF affiliated local bonsai club(s) in which you have a current membership:

Membership Fee Schedule:

Annual: \$36 Individual, \$41 Family

If you belong to another club: \$21 individual, + \$5 family

Membership is through December 31st.

Renewal fees are due by December 15th each year.

Membership prorated:

January – June \$36; July – December \$26.

Dues include \$15 membership to the Bonsai Societies of Florida

Make checks payable to: Broward Bonsai Society

Amount paid _____

Received by _____