

THE BONSAI SOCIETY OF SOUTHWEST FLORIDA, INC.

P.O. Box 61945 Fort Myers, FL 33906-1945 www.bonsaiswfl.org

Membership Application

DATE: _____

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP _____

PHONE () _____ CELL () _____

EMAIL: _____

May we send your monthly newsletter by email? YES _____ NO _____

OCCUPATION (Optional) _____

AREAS OF EXPERTISE (Optional) _____

HOBBIES (Optional) _____

This application is for a: _____ Single Membership \$45 per year
 _____ Family Membership (2 people) \$55 per year
 _____ Family Membership (3 people) \$65 per year
 _____ Family Membership (4 people) \$75 per year

Note: If you are a member of another BSF club or study group and pay BSF dues to that group, you do not have to pay BSF dues to our club unless you are a BSSWFL officer.

After July 1, dues for a single membership are \$22.50. For additional members of the same household are \$5 per person. If this is a Family Membership, please list the name(s) of the other member(s) of the household. _____

_____.

Make checks payable to: BSSWFL Bonsai Society of Southwest Florida

Mail to: Bonsai Society of Southwest Florida
PO Box 61945
Fort Myers, FL 33906-1945