INTERNATIONAL MEMBERSHIP/RENEWAL

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Bromeliad Society International

1. MEMBERSHIP INFORMATION ○ Renewal Member Number (If available) _____ On not include my contact information in directory (If checked we will only include name and city) MEMBER 1 ______ Phone ______ Email _____ Name __ Address Line 1 Address Line 2 ______ Postal Code ______ Country _____ State/Province MEMBER 2 For dual membership only ______ Phone ______ Email _____ Name 2. MEMBERSHIP TYPE Prices reflect US currency 3. PLEASE CONSIDER A CONTRIBUTION INTERNATIONAL 1 YEAR 3 YEAR BSI General Fund us \$ _____ O us \$50 O us \$140 **INDIVIDUAL** Journal Us\$ _____ Conservation us\$ _____ DUAL O us \$65 O us \$185 Education US\$ _____ AFFILIATED SOCIETY O us \$35 O us \$105 (Society must meet special requirements) Research us\$ _____ **INSTITUTIONAL** 4. CALCULATE TOTAL O us \$55 O us \$155 (Libraries, botanic gardens, unaffiliated societies) Membership Dues us\$ _____ O us \$70 O us \$200 COMMERCIAL Contributions us\$ _____ LIFE MEMBER O us \$900 **TOTAL** US\$ 5. SELECT PAYMENT CHECKS/MONEY ORDERS US domestic checks, international money orders or foreign bank checks and US funds only. Make Payable to: The Bromeliad Society International. CREDIT/DEBIT CARD Or pay online at www.bsi.org Billing address and mailing address are the same (if checked don't fill out billing address) Billing Address Line 1 Billing Address Line 2 City _____ State/Province _____ ______ Postal Code _____ Country _____ Credit or Debit Card: Master Card Visa American Express Discover Card Number _____ _____ Expiration Date 00/0000 _ Name as it appears on the card _____ Signature _____

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