



Bromeliad Society International



Renewal Notice

Your membership is about to expire. (*top line of address label*) Please complete this form and return it with your payment by the first day of the month in which your membership expires. **Please Print or Type.** Your mailing label will be made from this form.

Membership Information: (*Corrections Only*)

Name: _____

Name 2: _____

Address: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Phone: _____

E-mail: _____

Do You belong to a local Bromeliad Society?

Society's Name: _____

President's Name: _____

President's Address: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Phone: _____

E-mail: _____

Payment Method:

Check or Money Orders: Make payable to The Bromeliad Society International. US Banks and US funds, only.

International Members, please remit by International money order or cashier's check payable in US dollars.

If payment is to come under separate mailing please indicate and include a copy or the number and type of money order.

Credit Cards:

Check one: _____Master Card _____VISA

Name as it appears on card (Please Print)

Card Number: _____

Expiration Date: _____

Signature: _____

United States Membership (*includes US Territories and Possessions*) (Includes Bulk Rate Mail) Please check appropriate amount:

| | 1 Year | 2 Years | 3 Years |
|--|----------|---------|----------|
| Individual | ___\$30 | ___\$58 | ___\$85 |
| Dual | ___\$35 | ___\$68 | ___\$100 |
| Society | ___\$30 | ___\$58 | ___\$85 |
| Institution | ___\$30 | ___\$58 | ___\$85 |
| Commercial | ___\$60 | | |
| Fellowship | ___\$45 | | |
| Life Member (<i>One time only fee</i>) | ___\$800 | | |
| Optional: | | | |
| 1st Class Mail | ___\$10 | ___\$20 | ___\$30 |

International Membership (*Includes Air Mail*) Please check appropriate amount:

| | 1 Year | 2 Years | 3 Years |
|--|----------|---------|----------|
| Individual | ___\$40 | ___\$78 | ___\$115 |
| Dual | ___\$45 | ___\$88 | ___\$130 |
| Society | ___\$40 | ___\$78 | ___\$115 |
| Institution | ___\$40 | ___\$78 | ___\$115 |
| Commercial | ___\$70 | | |
| Fellowship | ___\$55 | | |
| Life Member (<i>One time only fee</i>) | ___\$800 | | |

Contributions:

Please consider making a donation and complete the amount

| | |
|---------------------------------|----------|
| Bromeliad Identification Center | \$ _____ |
| Bromeliad Society General Fund | \$ _____ |
| Journal Color Fund | \$ _____ |

Payment:

| | |
|------------------|--|
| Membership Dues | |
| Optional Postage | |
| Contributions | |
| TOTAL | |

Please return this form with your payment in the enclosed envelop or send to:

Bromeliad Society International
Dan Kinnard, Membership Secretary
6901 Kellyn Ln
Vista, CA 92084-1243