INTERNATIONAL MEMBERSHIP/RENEWAL

Bromeliad Society International

Visit bsi.org to fill out form online

1. MEMBERSHIP INFORMATION

◯ New ◯ Renewal Member Number (If available) _____

◯ Do not include my contact information in directory (If checked we will only include name and city)

MEMBER 1

Name _____ Phone _____ Email _____

Address Line 1 _____

Address Line 2 _____

City _____

State/Province _____ Postal Code _____ Country _____

MEMBER 2 For dual membership only

Name _____ Phone _____ Email _____

2. MEMBERSHIP TYPE

Prices reflect US currency

INTERNATIONAL		FIRST TIME MEMBER / STUDENT 1 YEAR	RENEWAL 1 YEAR	RENEWAL 3 YEAR
INDIVIDUAL	Electronic Journal	◯ $15	◯ $25	◯ $70
	Journal Air Mail	◯ $45	◯ $60	◯ $170
DUAL	Electronic Journal	◯ $25	◯ $35	◯ $100
	Journal Air Mail	◯ $55	◯ $70	◯ $200
AFFILIATED SOCIETY (Society must meet special requirements)	Electronic Journal	N/A	◯ $25	◯ $70
	Journal Air Mail		◯ $60	◯ $170
INSTITUTIONAL (Libraries, botanic gardens, *unaffiliated societies*)	Electronic Journal	N/A	◯ $25	◯ $70
	Journal Air Mail		◯ $60	◯ $170
COMMERCIAL	Electronic Journal	N/A	◯ $35	◯ $100
	Journal Air Mail		◯ $70	◯ $200
LIFE MEMBER	Journal Air Mail	◯ $2500 Individual Only		

3. PLEASE CONSIDER A CONTRIBUTION

BSI General Fund us $ _____

Journal us $ _____

Conservation us $ _____

Education us $ _____

Research us $ _____

4. CALCULATE TOTAL

Membership Dues us $ _____

Contributions us $ _____

TOTAL US $ _____

5. SELECT PAYMENT

◯ CHECKS/MONEY ORDERS

US domestic checks, international money orders 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 _____

Credit or Debit Card: ◯ Master Card ◯ Visa ◯ American Express ◯ Discover

Card Number _____ Expiration Date 00/0000 _____ / _____ Month Year

Name as it appears on the card _____ Signature _____

(Please print legibly)

Return this form with your payment to: Bromeliad Society International
Cherie Lee, Membership Secretary
p/a 2515 County Road 369
Cullman, Alabama 35057, USA

For questions email: membership@bsi.org