

**Application for Membership  
Mid-Atlantic African Violet Society**

Date \_\_\_\_\_ New \_\_\_\_\_ Renewal \_\_\_\_\_

Individual \_\_\_\_\_ \$15.00

Joint (2 members, same address) \_\_\_\_\_ \$20.00

Affiliate/Commercial \_\_\_\_\_ \$20.00

MAAVS Pin \_\_\_\_\_ \$ 5.00

(If dues are paid between June 30<sup>th</sup> and December 31<sup>st</sup>, your membership will expire on December 31<sup>st</sup> of the following year)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

E Mail \_\_\_\_\_

Local Affiliate \_\_\_\_\_

Member of AVSA \_\_\_\_\_

(Please make checks payable to MAAVS)

**Send membership application to:**

**Ken Barbi  
1809 View Top Court  
Annapolis, MD 21409-5973  
410.757.5044**

**E Mail questions to:** [kenbarbi@verizon.net](mailto:kenbarbi@verizon.net)