

# Atlanta Bonsai Society Registration Form

## APPLICATION FOR MEMBERSHIP

Date \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CONTACT PHONE NUMBER \_\_\_\_\_

ALTERNATE PHONE NUMBER: \_\_\_\_\_

E-MAIL \_\_\_\_\_

OCCUPATION \_\_\_\_\_ BIRTH DATE (optional) \_\_\_\_\_

INTERESTS OTHER THAN BONSAI \_\_\_\_\_

RENEWAL \_\_\_\_\_ NEW MEMBER \_\_\_\_\_

DUES ARE \$35.00 PER YEAR PER FAMILY OR PER INDIVIDUAL PER CALENDAR YEAR, PAYABLE BEFORE APRIL 1 OF EACH YEAR.

ONE MEMBERSHIP EQUALS ONE VOTE

PLEASE MAKE CHECK PAYABLE TO: ATLANTA BONSAI SOCIETY

MAIL TO: ABS, P.O. BOX 2074, ATLANTA, GA 30301

\_\_\_\_\_ PLEASE DO NOT RELEASE THIS INFORMATION TO THE GENERAL MEMBERSHIP/PUBLIC.