



# Membership Application

**DUES:**    \_\_\_ \$25 Individual USA  
           \_\_\_ \$30 Individual International  
           \_\_\_ \$35 Libraries ( special handling )

NAME			
ADDRESS			
CITY	STATE	ZIP	COUNTRY
e-mail address ( required )			
TELEPHONE			
MEMBERSHIP IS FOR THE CALENDAR YEAR ONLY. PLEASE SPECIFY YEAR. You will receive all publications for the calendar year you specify.			<b>20</b> ___

Remit by personal check (U.S. only), bank draft, money order or credit card via PayPal.

**Send Completed Application to:**

International Aroid Society  
 P.O. Box 43-1853  
 South Miami, FL 33143  
 U.S.A.



# Membership Application

**DUES:**    \_\_\_ \$25 Individual USA  
           \_\_\_ \$30 Individual International  
           \_\_\_ \$35 Libraries ( special handling )

NAME			
ADDRESS			
CITY	STATE	ZIP	COUNTRY
e-mail address ( required )			
TELEPHONE			
MEMBERSHIP IS FOR THE CALENDAR YEAR ONLY. PLEASE SPECIFY YEAR. You will receive all publications for the calendar year you specify.			<b>20</b> ___

Remit by personal check (U.S. only), bank draft, money order or credit card via PayPal.

**Send Completed Application to:**

International Aroid Society  
 P.O. Box 43-1853  
 South Miami, FL 33143  
 U.S.A.



# Membership Application

**DUES:**    \_\_\_ \$25 Individual USA  
           \_\_\_ \$30 Individual International  
           \_\_\_ \$35 Libraries ( special handling )

NAME			
ADDRESS			
CITY	STATE	ZIP	COUNTRY
e-mail address ( required )			
TELEPHONE			
MEMBERSHIP IS FOR THE CALENDAR YEAR ONLY. PLEASE SPECIFY YEAR. You will receive all publications for the calendar year you specify.			<b>20</b> ___

Remit by personal check (U.S. only), bank draft, money order or credit card via PayPal.

**Send Completed Application to:**

International Aroid Society  
 P.O. Box 43-1853  
 South Miami, FL 33143  
 U.S.A.



# Membership Application

**DUES:**    \_\_\_ \$25 Individual USA  
           \_\_\_ \$30 Individual International  
           \_\_\_ \$35 Libraries ( special handling )

NAME			
ADDRESS			
CITY	STATE	ZIP	COUNTRY
e-mail address ( required )			
TELEPHONE			
MEMBERSHIP IS FOR THE CALENDAR YEAR ONLY. PLEASE SPECIFY YEAR. You will receive all publications for the calendar year you specify.			<b>20</b> ___

Remit by personal check (U.S. only), bank draft, money order or credit card via PayPal.

**Send Completed Application to:**

International Aroid Society  
 P.O. Box 43-1853  
 South Miami, FL 33143  
 U.S.A.