

# NEW YORK BROMELIAD SOCIETY

## Membership Application

Name

Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime telephone ( )

Evening telephone ( )

Email \_\_\_\_\_

MEMBERSHIP DUES.....\$25.00

Make your check payable to: New York Bromeliad Society

Mail to:

Barbara Lagow, Treasurer  
New York Bromeliad Society  
54 West 74<sup>th</sup> Street  
New York, NY 10023