

THE BEAD SOCIETY OF CENTRAL FLORIDA

Membership Application: Please accept our invitation to join or renew (Annual dues January – December: \$45 which includes issues of our newsletter, monthly meetings and general meeting classes)

PRINT NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

DATE: _____

MAKE CHECK PAYABLE TO: THE BEAD SOCIETY OF CENTRAL FL.

MAIL FORM AND CHECK TO THE ADDRESS BELOW:

BEAD SOCIETY OF CENTRAL FLORIDA

C/O CAROL HARMAN, PRESIDENT

6747 SYLVAN WOODS DRIVE

SANFORD, FLORIDA 32771

_____ **DO NOT WRITE BELOW THIS LINE** _____

Payment: CASH: _____ CHECK: _____

Received By BOD Member: _____

Membership Card: Mailed: _____ IN PERSON: _____