

AABS Membership Information Form

New Member

Renewing Member

Date: _____

Payment Method:

PayPal Check Cash Square Other: _____

General Information

Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

Email Address: _____

Household Member Information

Name: _____

Relationship: _____

Email: _____

Name: _____

Relationship: _____

Email: _____

About You

Have you ever been a member of this, or any other, bonsai group? If so when?

How did you hear about us?

Signature: _____

Club Use:

Membership Through Date: _____

Household Member #: _____

Roster Contact Name Tag Newsletter Treasurer