

YES, I WOULD LIKE TO BE A MEMBER:

SIGN UP FOR:	PRICE	TOTAL
<input type="checkbox"/> Annual Household Membership	\$25.00	_____
<input type="checkbox"/> Mail <i>Seed Pod</i> First Class (In USA)	\$5.00	_____
<input type="checkbox"/> Mail <i>Seed Pod</i> Airmail (Non-USA)	\$10.00	_____
<input type="checkbox"/> Add <i>The Tropical Hibiscus Handbook</i>	\$18.00	_____
<input type="checkbox"/> Mail <i>Handbook</i> First Class (In USA)	\$2.00	_____
<input type="checkbox"/> Mail <i>Handbook</i> Airmail (Non-USA)	\$7.00	_____
<input type="checkbox"/> _____	_____	_____
Payment accepted in US Dollars Only.	TOTAL	_____
Prices subject to change without notice.	US\$	_____

NOTE: Chapter affiliation requires small additional dues each year paid directly to a specific chapter. For information about a chapter nearest you and its annual fees, please check *The Seed Pod*, our web site at www.americanhibiscus.org; or e-mail exec.secretary@americanhibiscus.org

MY INFORMATION

Name: _____

Other Household Member: _____

Address: _____

City/State/Zip: _____

Phone (Day): _____ (Evening) _____

E-mail Address: _____

GIFT MEMBERSHIP

This is a gift membership. Please send this new member a card in my name.

I wish to continue my gift. Please bill me directly at renewal.

Name: _____

Other Household Member: _____

Address: _____

City/State/Zip: _____

Phone (Day): _____ (Evening) _____

E-mail Address: _____

METHOD OF PAYMENT

Check (Drawn on US Bank)

Visa

MasterCard

Credit Card: _____

Expiration Date: _____

Signature: _____

**Checks: Drawn on USA Banks
Only. Payable to The American
Hibiscus Society**

MAIL THIS APPLICATION ALONG WITH PAYMENT TO:

American Hibiscus Society

P.O. Box 1580

Venice, FL 34284-1580