



NORTHERN ILLINOIS GESNERIAD SOCIETY

Your dues for the calendar year January 1 thru December 31, in the amount of **\$15.00**, are payable now. Please make any changes or additions and fill in any missing areas of information on the form below. Be sure to complete the section indicating which committees or areas you will be available to help. Each member is asked to help with at least one. If there is any information that is not applicable, or that you do not wish to share, please indicate "n/a". Return the form with your check to our Treasurer. The check should be payable to:

NORTHERN ILLINOIS GESNERIAD SOCIETY

Please, **"SHARE YOUR TALENTS"**. Choose at least one committee (or more) where you will help:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Speakers/Workshops | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Membership Liaison | <input type="checkbox"/> Mtg. Raffle |
| <input type="checkbox"/> Special Events/Outings | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Little Show Judge | <input type="checkbox"/> Mtg. Plant Sale |
| <input type="checkbox"/> Publicity | <input type="checkbox"/> Holiday Party | <input type="checkbox"/> Welcome Wagon | <input type="checkbox"/> Mtg. Room Setup |
| <input type="checkbox"/> Ways & Means | <input type="checkbox"/> Telephone Tree | <input type="checkbox"/> CBG Show & Sale | <input type="checkbox"/> Mtg. Room Cleanup |

Please mail your check in the amount of \$15.00 payable to **NORTHERN ILLINOIS GESNERIAD SOCIETY**, along with this form, to our Membership Chairman:

Northern Illinois Gesneriad Society
Bob Nicholson, Treasurer
8926 N. Greenwood Ave.
Niles, IL 60714-5163

Name: _____

Address: _____

City/State: _____

Zip code: _____ - _____ Phone Cell: () _____

Phone Home: () _____ Work: () _____

E-mail Home: _____ Work: _____

Fax Home: () _____ Work: () _____

Are you a member of our national organization, The Gesneriad Society (Yes) _____ (No) _____

Membership Number _____

Birthday (MM/DD): _____

Other Information: _____