



The Plumeria Society of America, Inc.

P.O. Box 22791

Houston, TX 77227-2791

Website: www.ThePlumeriaSociety.org

<https://www.facebook.com/ThePlumeriaSocietyOfAmerica>

PSA Membership Form

Please fill in the following information:

1. Check one of these:

- ☐ Yes, I am interested in joining the Plumeria Society of America, Inc
☐ Please renew my membership in the PSA.

2. Contact information:

Name: _____

Address : _____

City: _____ State: _____ ZIP Code: _____

Country: _____

Phone number: _____

e-mail address: _____

3. Type of membership, *please see the PSA By-Laws for details:*

- ☐ Regular membership dues are 35 U.S.D. per year.
☐ International membership dues are 35 U.S.D. per year.

4. Regarding to publishing your name in the PSA annual Membership list, please circle your preference below:

Publish : Name ----- Y ----- N
 " Address ----- Y ----- N
 " Telephone # : ----- Y ----- N
 " Email address: ----- Y ----- N

5. And check one of these:

- ☐ YES, I am on Facebook, email to add me to *The Plumeria Society, Inc. Facebook Group*
☐ NO, do not email to add me to *The Plumeria Society, Inc. Facebook Group*

Date: _____ Signature: _____

*Please send this completed application form, along with a check for the appropriate dues, payable to The Plumeria Society of America, INC., to the above mail box. You will receive a confirmation PostCard from the PSA Membership Committee shortly after sending in your form. To read the PSA By-Laws (question #3), please go to the PSA Website then click on the tab "About the PSA".
Thank you very much for your support.*

For Official Use Only :

Treasurer: ___ Cash or Check # _____ \$ _____ Date: _____ Initial: _____

Membership Committee: Member I.D. # : _____ Date: _____ Initial: _____