

You are eligible to join BSFS after attending two business meetings within a 12 month period. Have a BSFS officer sign this form at each of the two meetings you attend.

Your First Name and Middle Initial(s)		Your Last Name	
Mailing Address			
City		State	Zip Code
Email Address			Phone Number
BSFS has a fairly high volume ger that list members (1) Introduce on members; and (2) take extended di Check here to join the We rarely send postal mail to men information can be found on the m To opt out of postal ma	eccive member-only anno neral information and announce ly organization-related or genr scussions between a small num BSFS General mailing list abers. If you don't want to see a	uncements. ements list. Any member of t e-related topics which would aber of people off-list. st. uny postal mail from us ever,	his list can post to the list. We ask be of interest to most list you can opt out. Members-Only
Signature Officer Name/Title (Please 1	Print)		Date
Signature			Date
Officer Name/Title (Please DO NC	T WRITE BELOW THIS LINE	E. ADMINISTRATIVE USE (ONLY
Dues Paid Date	Dues Paid Date	Dues Pai	d Date
Dues Paid Date	Dues Paid Date	Dues Pai	
Dues Paid Date	Dues Paid Date	Dues Pai	
Dues Paid Date	Dues Paid Date	Dues Pai	
Dues Paid Date	Dues Paid Date	Dues Pai	
Life Membership Payments			
Date/Amt Paid	Date/Amt Paid	Date/Am	t Paid
Date/Amt Paid	Date/Amt Paid	Date/Am	
Date/Amt Paid	Date/Amt Paid	Date/Am	
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Proudly bringing you Balticon, the Maryland Regional Science Fiction and Fantasy Convention