



FLORIDA BIBLIOPHILE SOCIETY

Please fill out the information below and return this form with a check made out to the Florida Bibliophile Society, P.O. 3887, St. Petersburg, FL 33731.

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

E-mail _____

What are you current book-related activities? For example: an author, book dealer, or collector.

If you are a book collector, what is the nature of your collection?

Would like to be profiled in the FBS Newsletter? () Yes () No

Would be interested in giving a presentation at a FBS meeting? () Yes () No

Several committees are soon to be established to help manage the Society and grow its membership.

Would you be willing to serve on a committee? () Yes () No