

Metropolitan Columbus Daylily Society Membership Form

www.columbusdaylilies.org

PLEASE PRINT CLEARLY

NAME(S): _____

ADDRESS: _____

Street City State Zip

PHONE: Home (____) _____ Cell (____) _____

E-MAIL ADDRESS: _____

Are you also American Hemerocallis Society Members?

I/We do not belong to AHS ____ (see <http://www.daylilies.org/AHSmemb.html> to join)

Yes, 1 Adult ____ Yes, both Adults ____

MCDS will pay the \$10 AHS membership fee for youth members who have participated in MCDS activity in the past year. Please specify the name of youth who wish to receive that membership too.

Newsletters are available on the website. If you require a print copy, check this box.

MCDS annual dues: Individual: \$10 _____;

Dual (2 adults in the same household): \$15 _____

Dues may be paid for multiple years. New MCDS memberships received after August 1 extend through the following year. Renewals are due by December 31 to be eligible for plant drawings the following year. Mail the completed form with your check made out to "MCDS" to the Membership Chair:

Jennifer Kuehn, 8055 Golfview Court, Columbus, OH 43235