

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 American Hemerocallis Society Members? Yes, 1 Adult ____ Yes, both Adults ____ **OR**
I/We do not belong to AHS _____

Begin or renew membership

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

MCDS 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. Mail the completed form with your check made out to "MCDS" to the Membership Chair:

Jennifer Kuehn, 8055 Golfview Court, Columbus, OH 43235