

METROPOLITAN COLUMBUS DAYLILY SOCIETY

Membership Form

Annual Dues:

\$10 per year for an individual membership.

\$15 per year for a dual membership (two adults in the same household).

(Please Print)

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone (home): _____

Alternate Telephone Number: _____

E-Mail: _____

Are you currently an American Hemerocallis Society (AHS) Member?

_____ **Yes** _____ **No**

**Please return this form with your membership dues (made payable to MCDS)
to:**

Bill and Sylvia Mellinger

MCDS Membership Secretaries

706 Jonsol Court

Gahanna, OH 43230-3118

**Thank you for joining MCDS!
You will receive a New Member Packet soon.**