

# MCDS membership Application and Renewal Update Form

Complete all the information on the below renewal form and mail the completed form with your check made out to **MCDS** and mail to the membership chair:

Nancy Turner  
164 Thurman Avenue, Columbus OH 43206  
[nancyturner@me.com](mailto:nancyturner@me.com)

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PLEASE PRINT CLEARLY

New Membership\_\_\_\_\_

Renew my membership \_\_\_\_\_

Update my information and renew membership\_\_\_\_\_

MCDS Dues: Individual \$10\_\_\_\_; Dual (2 adults in the same household) \$15\_\_\_\_\_

Dues may be paid for multiple years

NAME(S)\_\_\_\_\_

ADDRESS\_\_\_\_\_

STREET

CITY

STATE

ZIP

PHONE DAYTIME \_\_\_\_\_ EVENING PHONE \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Website Address (If applicable) \_\_\_\_\_

**AHS MEMBERSHIP:** 1 ADULT\_\_\_ 2 ADULTS\_\_\_ **OR** I/We do not belong to AHS

For AHS Membership – please join at [American Daylily Society \(daylilies.org\)](http://AmericanDaylilySociety.org)