

Application For Membership

I (we) wish to join the Daylily Society of Greater Atlanta

Date: _____

Check #: _____

Name(s): _____

Address: _____

City: _____

State: _____

Zip Code: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Type of Membership:

_____ Family (\$30)

_____ Single (\$25)

_____ Youth \$10)

I (we) would like to make an additional voluntary donation toward
the AHS Region 5 newsletter of \$5

This will automatically enroll you as an American Daylily Society
Member?

Are you willing to receive the DSGA Newsletter by email: Yes No

Is this a New Member , Renewal __, or Information Update

Please send in updated information if any changes in your contact
information since your last renewal

We would love to have your email address to enable us to send out
announcements and updates throughout the year. We will not use
your email address for any other reason.

Make check payable to DSGA and mail to:

Anita Wilson, Treasurer
Daylily Society of Greater Atlanta
6139 Campground Road
Cumming, GA 30040