

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_____

Members who join after July 1 are paid through the following year. 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:

Jack Rigsby

3180 West Somerset Ct

Marietta, GA 30067

770-951-2539

Email: rigsby_j@bellsouth.net