

DSGA Application For Membership - Revised 1/1/2024

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

Cash-Amt _____

Check # _____

Date: _____

Name: _____

Address:
Street _____

City/State/zip _____

(If you have unit numbers or other location identifier, add to street address)

We need an address that will accept the journals(magazines) that are delivered.

Cell Phone: _____

Home Phone: _____

Email Address: _____

Providing us with your email address enables us to send out announcements and event updates throughout the year. We will not use your email address for any other reason.

Our quarterly DSGA Newsletter will be sent via email.

Is this a New Member _____, Renewal _____, or information Update _____

Type of Membership: Dual members please select a primary member.

_____ Dual \$36 1yr. \$84 3yr Primary Member: _____

_____ Single \$30 1yr. \$99 3yr

_____ Youth \$12 1yr. Must be 17yrs or younger.

A Dual Membership is for two people residing at the same residence.

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

As a member you will receive four quarterly journals from ADS-The Daylily Journal and four quarterly journals from GA Region 5-The Georgia Daylily. One per household.

Make Check payable to DSGA and mail to:

Anita Wilson

6139 Campground Rd.

Cumming, GA. 30040

404-358-5393

Email:aewilson2008@aol.com