WISCONSIN DAYLILY SOCIETY MEMBERSHIP FORM

DATE:			
NAME:			
STREET ADDRESS:			
CITY:		STATE:	ZIP:
PHONE: ()			
EMAIL:			
A color copy of each newslette Members will be notified by en mailed to members without as Individual:1 year (\$5	mail whenever a new issue n email.	is posted. Black & white c	opies will only be
Family: 1 year (\$8			_
Youth: (Free up to age 18. You voting privileges.)	uth membership includes a	ll benefits of regular mem	berships, excluding
Business: 1 year (\$	15.00)		
Please make checks payable to	o: Wisconsin Dayli	ly Society	
Mail this form to:	Laima Rozkains		
	W9095 Sawmill Rd.		
	Blanchardville, WI 5351	6	