

WISCONSIN DAYLILY SOCIETY MEMBERSHIP FORM

DATE: _____

NAME: _____

STREET ADDRESS: _____

CITY: _____

STATE: ____ **ZIP:** _____

PHONE: (____) -- _____ -- _____

EMAIL: _____

A color copy of each newsletter (pdf) will be available on the web site (www.wisconsindaylilysociety.org). Members will be notified by email whenever a new issue is posted. Black & white copies will only be mailed to members without an email.

Individual: ___ 1 year (\$5.00) ___ 3 yrs (\$13.00) ___ 5 yrs (\$20.00)

Family: ___ 1 year (\$8.00) ___ 3 yrs (\$20.00) ___ 5 yrs (\$30.00)

Youth: (free up to age 18. Youth membership includes all benefits of regular memberships excluding voting privileges.)

Business: ___ 1 year (\$15.00)

Please make checks payable to: **Wisconsin Daylily Society**

Mail this form to: **Laima Rozkains**
W9095 Sawmill Rd.
Blanchardville, WI 53516