

WISCONSIN DAYLILY SOCIETY MEMBERSHIP & RENEWAL FORM

DATE: _____ NAME _____

STREET ADDRESS: _____ STREET ADDRESS 2: _____

CITY: _____ STATE/PROVINCE: _____ POSTAL CODE: _____

PHONE: _____ EMAIL: _____

Individual: _____ 1 year (\$10) _____ 3 years (\$21) _____ 5 years (\$30) _____ LIFETIME (\$150)

Dual: _____ 1 year (\$13) _____ 3 years (\$28) _____ 5 years (\$40) _____ LIFETIME (\$175)

Dual membership is defined as two people living in the same household.

Youth Full Name: _____ Date of Birth: _____

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Youth are free up through age 18. Youth membership includes all benefits of regular memberships, excluding voting privileges.)

Business: _____ 1 year (\$15) Business Name: _____

Contact Person Name: _____

*Your contact information (Name, Address, Phone number, e-mail) is shared with the board, communication chair, registration chair and adoption program chair for club business communication purposes ONLY.

**Two times a year the roster containing contact information (Name, Address, Phone number, e-mail) will be shared with the general membership for club communication purposes ONLY.

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

Please make checks payable to: the Wisconsin Daylily Society

Mail this form and payment to:

Wisconsin Daylily Society
c/o Theresa Schwandt
W8839 Well Road
Reeseville, WI 53579