



APPLICATION FOR MEMBERSHIP
IN
NORTH FLORIDA DAYLILY SOCIETY

NAME _____

ADDRESS _____

CITY _____ ZIPCODE _____

TELEPHONE# _____

E-MAIL ADDRESS _____

INDIVIDUAL DUES: \$8.00 PD:CHECK ___ CASH ___

FAMILY DUES : \$12.00 PD:CHECK ___ CASH ___

(Circle One)

DATE OF MEMBERSHIP _____

MEMBERSHIP YEAR: July 1 - June 30