

**NORTH FLORIDA DAYLILY SOCIETY
APPLICATION FOR MEMBERSHIP**

FAMILY DUES \$12.00 PAID: CHECK _____ CASH _____
INDIVIDUAL DUES \$ 8.00 PAID: CHECK _____ CASH _____

NAME _____
 SPOUSE _____

ADDRESS _____

CITY _____ **ZIPCODE** _____

TELEPHONE _____ (HOME) _____ (CELL)
 SPOUSE _____ (HOME) _____ (CELL)

E-MAIL _____
 SPOUSE _____

DATE OF MEMBERSHIP (MONTH/YEAR) _____

MAIL APPLICATION AND CHECK TO:

Martha Caldwell
713 Dove Creek Circle
Orange Park, FL 32073-4298