

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 _____

Please print carefully. We communicate with members via email.

SPOUSE EMAIL _____

DATE OF MEMBERSHIP (MONTH/YEAR) _____

MAIL APPLICATION AND CHECK TO:

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