AMERICAN HEMEROCALLIS SOCIETY

Membership Application Form

AHS membership is based on the calendar year (January 1-December 31). Membership forms received after September 1 are applied to the following year unless otherwise specified by the applicant. Membership includes your region’s newsletter and four issues of The Daylily Journal.

Are you a: ☐ Renewing member  ☐ New member

Name (please print): ____________________________________________________________

Dual member’s name (if applicable): _____________________________________________

If second name is a Youth Member, please check here ☐

Mailing Address: ______________________________________________________________

City: ___________________________  State/Province: __________  Postal Code: ______________

Country: _____________________________

If your address has changed, please write the old address below:

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Telephone number: __________________________________________  ☐ For publication in membership roster  or  ☐ For internal files only

E-mail address for membership roster (optional): ______________________________________

Membership:

☐ Annual single membership (1 person), $25.00  ☐ Single life membership, $500.00

☐ Three year single membership, $70.00  ☐ Dual life membership, $750.00

☐ Annual dual membership (2 persons, same household, one set of publications), $30.00  ☐ International membership annual postage surcharge --except Canada and Mexico--in U.S. funds (check if applicable), $10.00

☐ Three year dual membership, $83.00

☐ Youth membership (through calendar year of eighteenth birthday), $10.00

Gift Memberships: We will be pleased to send gift memberships in your name. A card will be sent to each recipient. Please print the name and mailing address of each recipient below along with the type of membership. (Additional gift membership recipients can be listed on the back of this form or on a separate piece of paper.)

Name: ____________________________________________  Name: _______________________

Address: ___________________________________________  Address: _______________________

City: _______________________________________________  City: _______________________

State/Province: ___________________________  State/Province: ___________________________

Postal Code: ___________________________  Country: ___________________________

Membership type: ________________________  $__________________  Membership type: ________________________  $__________________

Total membership amount (plus postage surcharge for international)................................. $__________________

Total gift membership amount (plus postage surcharge for international)............................ $__________________

TOTAL AMOUNT ENCLOSED (U.S. funds drawn on U.S. banks only)................................. $__________________

Method of payment:

☐ Check  ☐ Money Order  ☐ Credit Card

Please make checks payable to: American Hemerocallis Society

Send this completed form along with your payment (U.S. funds drawn on U.S. banks only) to:

Beverly Winkleman  
Membership Manager  
17101 Herridge Rd.  
Pearland, TX 77584  
(832)-284-1910  
E-mail: secretary@daylilies.org

For Credit Card payment

Credit Card type (check one):

☐ VISA  ☐ MASTERCARD  ☐ DISCOVER

Name as it appears on credit card: ___________________________________________________

Billing address: ___________________________________________________________________

Credit card number: _______________  _______________  _______________  _______________  _______________

3 digit CSC: _______________

Exp. Date: ______/______  Signature: ____________________

(on back of card)