



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**
- Three year single membership, **\$70.00**
- Annual dual membership (2 persons, same household, one set of publications), **\$30.00**
- Three year dual membership, **\$83.00**
- Youth membership (through calendar year of eighteenth birthday), **\$10.00**
- Single life membership, **\$500.00**
- Dual life membership, **\$750.00**
- International membership annual postage surcharge --except Canada and Mexico--in U.S. funds (check if applicable), **\$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: _____

Address: _____

City: _____

State/Province: _____

Postal Code: _____ Country: _____

Membership type: _____ \$ _____

Name: _____

Address: _____

City: _____

State/Province: _____

Postal Code: _____ Country: _____

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):

Name as it appears on credit card: _____

Billing address: _____

Credit card number: _____
3 digit CSC: _____
(on back of card)

Exp. Date: ____ / ____ / ____ Signature: _____
Mo. Yr.