

You Are Invited to Join the Daylily Growers of Dallas

Please enroll me as a member of the Daylily Growers of Dallas. Date _____

Name (Please Print): _____

Address: _____ City: _____ Zip: _____

Telephone: (Home) _____ (Work) _____ (E-mail) _____

Month and Day of Birth: _____ (Optional; will only be used for birthday list in Yearbook and The Hem Line.)

I/We enclose payment for _____ calendar years at the annual rate checked below:

_____ Annual Individual Membership \$15.00. ___ Annual Youth Membership (up to 18 years of age) \$5.00.

_____ Annual Family Membership (two individuals at same address) \$25.00.

I/We enclose payment for lifetime membership at the rate checked below:

_____ Life Individual Membership \$150. ___ Life Family Membership (two individuals at same address) \$250.

This is a new membership _____. This is a renewal _____. AHS Member? Yes _____; No _____

Memberships are on the calendar year (January–December) and fees are due on or before the last day of the calendar year. New

members joining before September 1 receive all the publications of the current year. Membership fees paid after September 1 are

effective through December 31 of the following calendar year. Make checks payable to Daylily Growers of Dallas.

Mail to: Jane Denton, 13848 Heartside Place, Farmers Branch, TX 75234-3626, 972-243-5013,

bjdenton@swbell.com