

**Cedar Valley Iris & Daylily Society  
Membership Application**

**NAME(S):** \_\_\_\_\_  
\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**NOTE:** In addition to publishing the CVIDS Newsletter on-line, we distribute it by e-mail for speed and economy. If you have no e-mail address, your newsletter will be mailed to the above address. Please indicate here if you do NOT want your (circle which): name; mailing address; phone number or e-mail address included in the membership list, which is available only to other CVIDS members.

\_\_\_ Current member renewing membership

\_\_\_ New membership

I can help with: \_\_\_\_\_  
\_\_\_\_\_

I am a current member of the American Hemerocallis Society (Yes/No): \_\_\_\_\_

Annual CVIDS dues: \$10.00

Checks should be made out to: CVIDS

Please print out this form and mail it with dues to:

CVIDS  
c/o Shelly Lett  
1673 Garfield Ave.  
West Branch, IA 52358