

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 Nancy Rash
1506 N. Marion Ave
Washington, IA 52353