

Cedar Valley Iris & Daylily Society Membership Application

NAME(S): _____

ADDRESS: _____

Phone: (____) _____ - _____

E-MAIL: _____

Current member(s) renewing membership: _____ New membership(s): _____

I can help with: _____

Current member(s) of the American Daylily 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 Sherry Moffit
Box 273 2705 Keokuk Iowa Rd.
North English, IA 52316

NOTES: In addition to publishing the CVIDS Newsletter online, we distribute it by e-mail for speed and economy. If you have no e-mail address, your newsletter will be forwarded to you by US mail.

At intervals, we distribute a list of CVIDS members that is only available to our members. Please indicate here by encircling if you do **NOT** want any of the following items included in this list:

Name	Mailing address	Phone number	E-mail address
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