

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 a black & white copy of the original, mailed to the above address.*

_____ Please check here if you do **NOT** want your name, mailing address, phone number, or e-mail address (circle which) 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: Individual, \$6.00 Couple/Family, \$8.00

Checks should be made out to: CVIDS. Please print out this form and mail it with dues to:

Bob Moore,
Treasurer, CVIDS
PO Box 25
Morning Sun
IA 52640