

# 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 check here if you do **NOT** want your name, mailing address, phone number, or e-mail address (circle which) included in a printed 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:**

Debbie Hansen  
1363 Eighth Street  
Marion, IA 52302