



# AMERICAN HEMEROCALLIS SOCIETY

## Membership Application Form

AHS membership is based on the calendar year (January 1-December 31). Membership forms received after September 1 are applied to the following year unless otherwise specified by the applicant. Membership includes your region's newsletter and four issues of *The Daylily Journal*.

Are you a:  Renewing member  New member

Name (please print): \_\_\_\_\_

Dual member's name (if applicable): \_\_\_\_\_

If second name is a Youth Member, please check here

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

If your address has changed, please write the old address below:

\_\_\_\_\_

Telephone number: \_\_\_\_\_  For publication in membership roster or  For internal files only

E-mail address for membership roster (optional): \_\_\_\_\_

### Membership:

- Annual single membership (1 person), **\$25.00**
- Three year single membership, **\$70.00**
- Annual dual membership (2 persons, same household, one set of publications), **\$30.00**
- Three year dual membership, **\$83.00**
- Youth membership (through calendar year of eighteenth birthday), **\$10.00**
- Single life membership, **\$500.00**
- Dual life membership, **\$750.00**
- International membership annual postage surcharge --except Canada and Mexico--in U.S. funds (check if applicable), **\$10.00**

**Gift Memberships:** We will be pleased to send gift memberships in your name. A card will be sent to each recipient. Please print the name and mailing address of each recipient below along with the type of membership. (Additional gift membership recipients can be listed on the back of this form or on a separate piece of paper.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Membership type: \_\_\_\_\_ \$ \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Membership type: \_\_\_\_\_ \$ \_\_\_\_\_

**Total membership amount** (plus postage surcharge for international)..... \$ \_\_\_\_\_

**Total gift membership amount** (plus postage surcharge for international)..... \$ \_\_\_\_\_

**TOTAL AMOUNT ENCLOSED** (U.S. funds drawn on U.S. banks only)..... \$ \_\_\_\_\_

### Method of payment:

- Check
- Money Order
- Credit Card

Please make checks payable to:  
**American Hemerocallis Society**

Send this completed form along with your payment (U.S. funds drawn on U.S. banks only) to:

**Pat Mercer**  
**AHS Executive Secretary**  
**P.O. Box 10, Dexter, GA 31019**  
Telephone & Fax: (478) 875-4110  
E-mail: secretary@daylilies.org

### For Credit Card payment



Credit Card type (check one):

Name as it appears on credit card: \_\_\_\_\_

Billing address: \_\_\_\_\_

Credit card number: \_\_\_\_\_  
3 digit CSC: \_\_\_\_\_  
(on back of card)

Exp. Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Signature: \_\_\_\_\_  
Mo. Yr.