

# MIDDLE TENNESSEE DAYLILY SOCIETY

## Membership Application Form

Name(s): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Indicate membership category: Individual (\$12.50)\_\_\_ Family (\$15.00)\_\_\_

Please return this form and payment to: Cassie Graham

123 Pin Oak Dr.

Hendersonville, TN 37075

Make checks payable to: MTDS