

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: Sandra Merritt  
4323 Sneed Road  
Nashville, TN 37215

Make checks payable to: MTDS