



GARDEN STATE DAYLILY GROWERS MEMBERSHIP APPLICATION FORM



NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

EMAIL: _____

PREFERRED FORM OF CONTACT: Phone Email Postal Mail

DAYLILY INTEREST: Gardening Collecting Hybridizing

Other: _____

PRESENTATION REQUEST(S) PREFERENCES

SPEAKER REQUEST(S) PREFERENCES

FAVORITE HYBRIDIZER(S)

FAVORITE DAYLILY COLOR(S): _____

FAVORITE DAYLILY FORM(S): Single Double Spider

 Unusual Polymerous



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MEMBERSHIP APPLICATION FORM**



OTHER FAVORITE DAYLILY CHARACTERISTICS

ARE YOU CURRENTLY A MEMBER OF THE AMERICAN HEMEROCALLIS SOCIETY?

YES

NO

INTERESTED IN MORE INFORMATION

PLEASE LIST THE TOP (8) DAYLILIES ON YOUR WISH LIST

1. _____

5. _____

2. _____

6. _____

3. _____

7. _____

4. _____

8. _____

Please "INCLUDE" my contact information on the membership list distributed ONLY to other GSDG members.

I "DO NOT" want my contact information included on the membership list distributed ONLY to other GSDG members.

Please send the completed membership application along with your \$10.00 dues to:

Jane Guillard
34 Falcon Drive
Southampton, NJ 08088

\$10.00 Cash

Check # _____ payable to: "Garden State Daylily Growers" or "GSDG"

(SIGNATURE)

(DATE)