



## Membership Application

*Please make sure your form is filled out completely and PLEASE PRINT*

Date: \_\_\_\_\_

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

Street: \_\_\_\_\_

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

Telephone: H \_\_\_\_\_ C \_\_\_\_\_

Email: \_\_\_\_\_

Check one: ( ) New Membership ( ) Renewal

\_\_\_\_\_ \$30 per individual (includes one garden tour ticket) (\$35 after May 31.)

\_\_\_\_\_ \$40 per household (includes two garden tour tickets) (\$45 after May 31.)

\_\_\_\_\_ \$30 per individual or household outside the U.S. (\$35 after May 31.)

Payment method – Check one: ( ) Cash ( ) Check # \_\_\_\_\_

Make check payable to: **AHS** or **American Hydrangea Society**

If you need to mail completed form and check, please send to:

**The American Hydrangea Society, P.O. Box 53234, Atlanta, GA 30355**

Do you wish to be included in the AHS directory? Check one: ( ) Yes ( ) No