



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)

_____ \$40 per household (includes two garden tour tickets)

_____ \$30 per individual or household outside the U.S.

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