

ILLINOIS PRAIRIE HOSTA SOCIETY
NEW OR RENEWAL MEMBERSHIP 2017

I wish to add/renew my/our membership in the ILLINOIS PRAIRIE HOSTA SOCIETY for the calendar year 2017.

NAME: _____ E-MAIL: _____

Do _____ Do not _____ publish email address.

ADDRESS: _____ PHONE: _____

CITY/STATE/ZIP: _____

INDIVIDUAL or FAMILY MEMBERSHIP \$15.00 _____

Other names if Family Membership _____

COMMERCIAL MEMBERSHIP \$30.00 _____

Business name _____

Enclosed please find my check in the amount of \$_____ for membership in the society.

Are you a member of the American Hosta Society _____ (yes/no)

Are you a member of the Midwest Hosta Society _____ (yes/no)

We would like to have your email address in order to email the monthly newsletter. We will not release your email address to anyone outside of our organization, however, if you wish it not to be published in our annual yearbook, please check above. Membership expires December 31, 2017.

Please return this form with your check to:

Illinois Prairie Hosta Society
Joyce Goode
Box 4, 301 Oliver
Mansfield, IL 61854

DATE: _____ SIGNATURE: _____

Please make check payable to: Illinois Prairie Hosta Society