

**ILLINOIS PRAIRIE HOSTA SOCIETY**  
**NEW OR RENEWAL MEMBERSHIP 2019**

I wish to add/renew my/our membership in the ILLINOIS PRAIRIE HOSTA SOCIETY for the calendar year 2019.

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 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 We will not release your email address to anyone outside of our organization, however, if you wish it not to be published in our annual yearbook, please check above.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, 2019.

Please return this form with your check to:

Illinois Prairie Hosta Society  
Barbara Schroeder  
1819 Coventry Dr.  
Champaign, IL 61822

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Please make check payable to: Illinois Prairie Hosta Society