

Northwest Georgia Daylily Society Membership Form



We meet January through October with most meetings held at Stiles Auditorium at 320 W Cherokee Avenue, Cartersville GA 30120. For additional information, please visit the club website @ www.nwgds.org.

Application Year _____

Please complete the information requested below: Please Print

Primary Member Name _____ Member of AHS/ADS Y or N

Spouse _____ Member of AHS/ADS Y or N

Youth Membership Name _____ Member of AHS/ADS Y or N

Mailing Address(City State Zip) _____

Phone Number _____ Primary Member Cell _____

Spouse Cell _____

Primary Member Email Address _____

Spouse Email Address _____

Dues are paid annually and due before January 1st. Dues are \$10 per individual/ \$15 for Family.

AHS/ADS dues are \$25 individual/\$30 Dual Membership/\$10 Youth *Amount Paid Today* _____

Please complete the NWGDS Photography Release Form below:

_____ (primary member) _____ (spouse or youth member) DO or DO NOT give NWGDS permission to use my photos on their website, facebook page, and online photo gallery. (Circle Choice)

Primary Member Signature _____ date _____

Spouse or Youth Member Signature _____ date _____

Mail membership form and dues to: Morgan Akin PO BOX 878 Cartersville GA 30120