

Ontario Daylily Society  
Membership/Renewal Application

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

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

Prov./State: \_\_\_\_\_ Postal Code/Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ E-mail: \_\_\_\_\_

Additional Members: \_\_\_\_\_

1 Year	Family	___	x \$20.00(Cdn)	= \$	_____
	Single	___	x \$15.00(Cdn)	= \$	_____
	Youth	___	x \$8.00 (Cdn)	= \$	_____

3 Year	Family	___	x\$50.00(Cdn)	= \$	_____
	Single	___	x\$40.00(Cdn)	= \$	_____
	Youth	___	x\$20.00(Cdn)	= \$	_____

TOTAL\$ \_\_\_\_\_

New Member (    )

Renewing Member (    )

Please indicate your consent for your contact information that includes your name, mailing address, phone number and email address to be published on our annual ODS Membership Roster as well as the Can-Am/Fall Meeting Rosters.

Yes \_\_\_\_\_ No \_\_\_\_\_

Cheque is payable to Ontario Daylily Society

Mail to: Barbara White, Membership Chair  
6798 9<sup>th</sup> Line, R. R. #2  
Beeton, ON L0G 1A0

Email: [membership@ontariodaylily.on.ca](mailto:membership@ontariodaylily.on.ca)

Phone: 905-729-2718