

CSDS/ADS Membership Form



(Please Print Clearly)

Name (primary member) _____

Name (family/secondary member) _____

Address _____

City _____ State _____ Zip _____

Primary Member Phone Number _____

Secondary Member Phone Number _____

Primary Member Email _____

Secondary Member Email _____

☐ Check here if
NO CHANGES
to your existing
membership data

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CSDS Membership: ____ Single (\$10) ____ Family (\$12) ____ Renewal ____ New Member

ADS Membership: ____ Single (\$30) ____ Household (\$35) ____ Renewal ____ New Member

Total Amount Enclosed \$ _____ ____ Cash ____ Check ____ Credit

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Do you give permission to publish your contact information
in our password-protected Members Only membership list? ____ YES ____ NO

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How did you hear about CSDS? (check all that apply)

____ Referred by (member name) _____

____ Facebook ____ Instagram ____ Google Search ____ Other _____

____ CSDS Dahlia Show ____ CSDS Plant Sale ____ ADS Society Finder

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Questions? Email membership.csdsgmail.com

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Make checks payable to *Central States Dahlia Society*

Send check and form to:

Anne Allodi, CSDS Membership Chair
108 Mandel Lane
Prospect Heights, IL 60070
membership.csdsgmail.com

Date Processed ____/____/____

Rev. 01/01/26