

# CSDS/ADS Membership Form

(Please Print Clearly)



**Name (primary member)** \_\_\_\_\_

Check here if  
**NO CHANGES**  
to your existing  
membership data

**Name (family/secondary member)** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Primary Member Phone Number** \_\_\_\_\_

**Secondary Member Phone Number** \_\_\_\_\_

**Primary Member Email** \_\_\_\_\_

**Secondary Member Email** \_\_\_\_\_

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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.csds@gmail.com](mailto:membership.csds@gmail.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.csds@gmail.com](mailto:membership.csds@gmail.com)

Date Processed \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Rev. 01/01/26