

CSDS MEMBERSHIP FORM

(Please Print Clearly)

Name _____

Address _____

City _____ State ____ Zip _____

Phone Number _____

Email Address _____

For Family Memberships also provide:

Second Name _____

Second Phone Number _____

Second Email Address _____

CSDS Membership Dues Amounts

CSDS membership year is January 1 – December 31. New members who join after August 1 will have their membership extended to December of the following year at no additional charge.

Single _____ (\$10)

Family _____ (\$12)

ADS Membership Dues Amounts

ADS membership year is May 1 – April 30. New ADS members who join after December 1 will have their membership extended to the end of the next membership year at no additional charge.

Single _____ (\$30)

Family _____ (\$35)

Total Amount Enclosed \$ _____

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

Please return the completed form along with your check made payable to “Central States Dahlia Society”.
Mail to: **Kevin Maloney 261 N. Clark Drive, Palatine, IL 60074**. Contact Kevin with questions at
pcmmaloney@comcast.net or 312-510-1482.