

CSDS MEMBERSHIP FORM

(Please Print Clearly)

Name(s) _____

Address _____

City _____ State ____ Zip _____

Primary Phone Number _____

Secondary Phone Number _____

Email Address _____

CSDS Membership Dues Amounts

Single _____ (\$10)

Family _____ (\$12)

ADS Membership Dues Amounts

Single _____ (\$30)

Family _____ (\$35)

Total Amount Enclosed \$_____

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.