

## 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.*

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](mailto:pcmmaloney@comcast.net) or 312-510-1482.