



## MEMBERSHIP APPLICATION

Please complete the following form and send, with payment, to the address listed below.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

I agree to the release of my contact information to other NADS members – Yes \_\_\_\_\_ No \_\_\_\_\_

Single Membership Fee: \$15.00 | Family Membership Fee: \$20.00

The yearly membership fee is payable to:  
THE NORTH ALABAMA DAYLILY SOCIETY

Please send payment with this application to:

Madolyn Whitt  
24650 Hickory Drive  
Elkmont, AL 35620

[www.nadaylilysociety.org](http://www.nadaylilysociety.org)