

DHSWP Membership Application for: \_\_\_ 1 year/\$10 \_\_\_ 2 years/ \$15

Name (Please print): \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ E-Mail:

\_\_\_\_\_

Interests (all that apply): Daffodils\_\_\_ Hostas\_\_\_ Shows\_\_\_ Open Garden\_\_\_  
Volunteer\_\_\_

Are you a member of the American Daffodil\_\_\_ &/or Hosta\_\_\_ Society?

Please make checks payable to DHSWP and send along with this form to:

Bobbi Diller, Membership Chair, 644 N Pike Rd, Cabot PA 16023