

HARSHBARGER HOSTA SOCIETY – MEMBERSHIP DUES FORM

(PLEASE PRINT)

PLEASE FILL IN ALL THE INFORMATION BELOW SO WE CAN MAKE SURE OUR RECORDS ARE ACCURATE.

NAME(S): _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE (HOME): _____ (CELL): _____ EMAIL ADDRESS: _____

DUES ARE \$10/PER CALENDAR YEAR.

AMOUNT ENCLOSED \$ _____ CASH _____ CHECK _____ DATE PAID _____

MAKE CHECK PAYABLE TO: HARSHBARGER HOSTA SOCIETY _____ NEW MEMBER

_____ RENEWAL

MAIL PAYMENT AND FORM TO: HARSHBARGER HOSTA SOCIETY
C/O CAROL PETRUCKA
1209 ASHFORD DRIVE NE
CEDAR RAPIDS IA 52402