

# Columbia River Daylily Club Membership Application

Name(s) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Annual Dues: \$10.00 – Individual Membership

–OR–

\$15.00 – Two people at the same address

Print and mail this form along with dues to:

**Mary Mannix, Treasurer**

**5000 SE Sandra Ave.**

**Portland, OR 97267**