

**DSL Membership Form**

Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

AHS Member: Yes \_\_\_\_\_ No \_\_\_\_\_

Source List? (for those selling daylilies add \$5) Yes: \_\_\_\_\_

New \_\_\_\_\_ or Renewal \_\_\_\_\_ Membership?

Dues: Single \$10 Family \$15 Youth \$7

Make Checks Payable to DSL and Mail To:

*Bev Crittenden, DSL Treasurer*

10005 Plum Hollow Ct.

Louisville, Ky