

**BLACK SWAMP HOSTA AND DAYLILY SOCIETY
MEMBERSHIP QUESTIONNAIRE**

NAME _____

ADDRESS _____

CITY, STATE _____ ZIP _____

PHONE _____ E-MAIL _____

INTERESTED PRIMARILY IN: DAYLILIES _____ HOSTAS _____

WOULD YOU SAY YOUR EXPERIENCE WITH DAYLILIES/HOSTAS IS:
BEGINNER _____ INTERMEDIATE _____ ADVANCE _____

DO YOU CURRENTLY GROW OR SELL: DAYLILIES _____
HOSTAS _____

PLEASE LIST ANY EXPERIENCE YOU MAY HAVE IN A PARTICULAR FIELD OF
HORTICULTURE _____

WOULD YOU LIKE TO PRESENT A PROGRAM IN THE FUTURE? _____

ANY SUGGESTIONS FOR FUTURE PROGRAMS OR TOPICS THAT YOU WOULD LIKE
PRESENTED? _____

ARE YOU CURRENTLY A MEMBER OF:

_____ AMERICAN HEMEROCALLIS SOCIETY PLEASE LIST OTHERS:

_____ AMERICAN HOSTA SOCIETY _____

_____ METROPARKS _____

ADDITIONAL COMMENTS OR SUGGESTIONS _____

PLEASE RETURN WITH CHECK FOR \$10.00 ANNUAL DUES PAYABLE TO BLACK SWAMP
HOSTA & DAYLILY SOCIETY (or just use the initials: BSHDS) TO:

JIM FLANNERY
26009 WILLOWBEND ROAD
PERRYSBURG OH 43551

ANY QUESTIONS, CONTACT CHARLENE, PRESIDENT AT 419-874-8964,
E-MAIL: cfpatz@att.net

**WAIVER: ON OCCASION OUR SOCIETY IS ASKED TO FURNISH A LIST OF MEMBERS
FOR A MASS MAILING. IF YOU DO NOT WANT TO BE INCLUDED ON SUCH A LIST,
PLEASE CHECK HERE _____. THANKS!**