Ouachita Hosta & Shade Plant Society
Membership Form

Name: _____ Date:_____

Spouse: _____

Address: _____/_____/_____
Post Office Address **State** **Zip**

E-mail: _____ Phone: _____

Membership Dues (Please Circle)

One Year: Individual $10.00 Family $15.00

Print and Send Application and Check To: Ouachita Hosta and Shade Plant Society, % Yvonne Becker, 19 Jabali Way, Hot Springs Village, Ar 71909.

My special shade gardening interests are:

For Office Use:
Paid by: Check: _____ Receipt Date: _____ Registered Date: _____

Revised as of July 1, 2007