

ILLINOIS PRAIRIE HOSTA SOCIETY

APPLICATION FOR MEMBERSHIP 2025

I wish to renew/new our membership in the ILLINOIS PRAIRIE HOSTA SOCIETY for the year.

NAME: _____ E-MAIL: _____

ADDRESS: _____ PHONE: _____

CITY/STATE/ZIP: _____

Other names if Family Membership _____

FAMILY MEMBERSHIP \$15.00

COMMERCIAL MEMBERSHIP \$30.00

Business name _____

Do ____ Do-not ____ publish in yearbook

Enclosed please find my check in the amount of \$_____ for membership in the society.

Are you a member of the American Hosta Society (yes/no) _____

Are you a member of the Midwest Hosta Society (yes/no) _____

We would like to have your email address to email the monthly newsletter. We will not release your email address to anyone outside of our organization, however, if you wish it not to be published in our annual yearbook, please check above. Membership expires December 31, 2022.

Please return this form with your check to:

Illinois Prairie Hosta Society
Jill Dixon
12 Northern Dr.
Decatur, IL 62521

DATE: _____ SIGNATURE: _____

Please make check payable to: Illinois Prairie Hosta Society or IPHS