## MEMBERSHIP FORM

| Name: *   |
|---|
|   |
| Address: *  |
|   |
| City, State, Zip: *   |
|   |
| Phone: *  |
|   |
| Email: *  |
|   |
| Check here to receive email updates.  |
| Membership (per household): 2 Years; \$20 • 4 Years; \$40 • 6 Years; \$60<br>Circle One |
| Make checks payable to: MINNESOTA HOSTA SOCIETY   |

## PRINT AND MAIL TO

Minnesota Hosta Society Membership Secretary Connie Brekken 9908 Xerxes Ave. Bloomington, MN 55431