



Tri-State Hosta Society

Membership Application

NEW RENEWAL

Name: _____

Address: _____

City _____ State _____ Zip+4 _____

Phone: (____) _____ - _____

E-mail: _____

Newsletter will be sent via e-mail unless requested otherwise.

Please check one: ___ \$20 for 2 years ___ \$25 for 3 years

Annual membership runs from January 1st through December 31st

Date _____ Check # _____ Amount \$ _____

Tri-State Hosta Society encourages you to become involved!
Please let us know how you can volunteer.

___ Programs/Events ___ Hospitality ___ Newsletter article

___ Other (please explain) _____

Please complete this form and mail it along with your check
(payable to **Tri-State Hosta Society** or **TSHS**) to:

Gene Tappan
TSHS Membership Chair
80 Ridge Road
West Milford, NJ 07480-2969