

Wisconsin Peony Society Membership Form

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

I am a: ____ New Member or ____ Renewal I am willing to help with the following:

____ Social Media

____ Publicity

____ Website Development ____ Fall Root Auction

____ Educational Planning ____ Hospitality

____ Event Coordination

____ Newsletter Editing

____ Newsletter Contributions ____ Board of Directors

____ Membership Outreach ____ Mentorship

Dues are \$5.00 per household per year or \$10.00 per household for three years.
Make checks payable to Wisconsin Peony Society.

Mail this completed form along with your payment to:

Laura Cutsforth WPS Treasurer

N111 Tamarack Lane

Birchwood, WI 54817