

# Northern California Daffodil Society

## Membership Form

**Name:** \_\_\_\_\_

**Additional Names for Family membership:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Bus Phone:** \_\_\_\_\_

**E-Mail (to receive newsletter):** \_\_\_\_\_

***I would like to participate in the special activities checked below:***

- Planting bulbs at our special display gardens
- Volunteer assistant at Daffodil Shows
- Helping get the word out about the Daffodil Society & events
- Other:

***Please enclose your check for \$10.00 payable to "NCDS" and mail this form to:***

***Melissa Reading, President  
Northern California Daffodil Society  
1240 Asti Ct.  
Livermore, CA 94550  
NCDS.President@gmail.com***