

# Northern California Daffodil Society

## Membership Form

Name (s) : \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Bus Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

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:*

*Cynthia Sternberg  
Northern California Daffodil Society  
880 Hoffman Terrace  
Los Altos, CA 94024*

*[www.daffodil.org](http://www.daffodil.org)*