



Cape Cod Hydrangea Society

www.thecapcodhydrangeasociety.org

MEMBERSHIP APPLICATION

The CCHS membership year runs from June 1st – May 31st.

Date: _____ New Member: _____ Renewing: _____

Annual Dues: Individual membership: \$25 _____ Two-person Household \$30: _____

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

I am willing to have my name, phone numbers(s) and address listed in a membership directory. (Distributed to members only). Yes: _____ No: _____

Send Check payable to:

Cape Cod Hydrangea Society, Inc.

P. O. Box 681

South Dennis, MA 02660