

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

____ Event Coordination

____ Publicity

____ Newsletter Editing

____ Website Development

____ Newsletter Contributions

____ Fall Root Auction

____ Board of Directors

____ Educational Planning

____ Membership Outreach

____ Hospitality

____ 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:

Viv Grossman
527 Pitt St.
Eau Claire, WI 54703