

# Minnesota Peony Society Membership Registration Form

Please Print

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

Name 2 (for joint household): \_\_\_\_\_

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

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

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

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

Email: \_\_\_\_\_

## Dues - \$5 for 2 years

New Membership

Renewal

Check - payable to MN Peony Society

Cash

Credit Card (in-person registrations only)

\$ Amount Enclosed: \_\_\_\_\_ for \_\_\_\_\_ years

Dues received before August 25 will be recorded for the current year. Dues received after August 25 will be recorded for the following year.

### Mail to:

Linette Sorrentino  
MPS Membership Chair  
10255 Jersey Avenue  
Chaska, MN 55318

Office Use Only:

Date Received: \_\_\_\_\_

Amount Received: \_\_\_\_\_ for \_\_\_\_\_ years