

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:

MPS Membership Chair
10255 Jersey Avenue
Chaska, MN 55318

Office Use Only:

Date Received: _____

Amount Received: _____ for _____ years