



MEMBERSHIP APPLICATION

www.capecodhydrangeasociety.org

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

Annual Dues:

Individual Membership \$35: _____ Two-Person Household \$45: _____

Date: _____ New Member: _____ Renewing: _____

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

I am willing to have the contact details provided above listed in a membership directory. (Distributed to members only)

Yes: _____ No: _____

Mail check payable to:

Cape Cod Hydrangea Society, Inc.

PO Box 2

Cummaquid, MA 02637