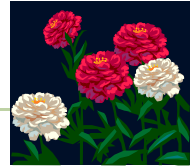


Mid-Atlantic Peony Society



Mailing Address: c/o Gail Neil Neiman (Gail@midatlanticpeony.org)
118 Monument Ave
Apt. A
Malvern, PA 19355

Membership Application

Dues: \$ 10.00 annually based on calendar year
Make check or money order payable to **MAPS**.
(Please print and mail the completed form with your check to the address above)

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Your name and e-mail address will be published in our members' directory, distribution of which is limited to paid members only. If you prefer *not* to have your contact information published in the directory, please check this box.

Interests (Optional - for information purposes only)

Tell us in which areas you may be interested in volunteering with the Society.

- | | |
|--|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Computer skills | <input type="checkbox"/> Phone Bank |
| <input type="checkbox"/> Web Design & Management | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Field work | <input type="checkbox"/> Volunteer Coordinator |
| | <input type="checkbox"/> Other |

Skills, Hort Experiences and Interests

Summarize skills, interests and/or hort experiences you have acquired from employment, previous volunteer work, or through other activities, including hobbies.