

Idaho Gourd Society Membership Application



Name _____

Address _____

City, State, Zip _____

Phone Home: _____ Cell: _____

E-Mail Address _____

For family membership please include the name(s) of each additional family member.

Name _____

Name _____

Name _____

Return your application along with a check or money order made payable to the **Idaho Gourd Society**.

_____ \$12 – Individual membership plus,

_____ \$ 6 – For additional family member(s) (residing in same household).

_____ Number of months (New memberships are prorated the first year for the number of months (at \$1 per month) left in the year at the time of joining.)

Mail to: Karen Ryker, Treasurer
226 E. 3rd Street
Meridian, ID 83642
208- 888-6669

<http://idahogourdsociety.org>