

**North East Ohio Iris Society**  
**Member Application**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Initial \_\_\_\_\_

Street Address: \_\_\_\_\_ P O Box: \_\_\_\_\_

City: \_\_\_\_\_ State: Ohio Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Membership: (check one) Individual ( ) Family ( ) Youth ( )

Check payable to: North East Ohio Iris Society

Send dues & application to:

Rick Evans, NEOIS Treasurer

2026 Lorimer Rd.

Parma, Ohio 44134

Signature: \_\_\_\_\_ Date: \_\_\_\_\_