

# 2016 NCDC Club Plant Application



Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

How long have you been a member of NCDC?

- 1<sup>st</sup> year  2-3 years  4+ years

Are you a member of the American Hemerocallis Society?

- Yes  No

Which NCDC activities have you participated in, within the last 3 years, on behalf of the club? (Check all that apply.)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Contributed newsletter articles | <input type="checkbox"/> Served on a committee | <input type="checkbox"/> Exhibited at annual Flower Show                    |
| <input type="checkbox"/> Worked on Region III meeting    | <input type="checkbox"/> Hosted a reception    | <input type="checkbox"/> Worked at annual Flower Show                       |
| <input type="checkbox"/> Worked at sales                 | <input type="checkbox"/> Hosted Summer Social  | <input type="checkbox"/> NCDC or Regional bus Tour Garden for year(s) _____ |
| <input type="checkbox"/> Worked on Spring Banquet        | <input type="checkbox"/> Hosted Fall Picnic    | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Worked on Slide Show            | <input type="checkbox"/> Organized Bus Tour    |   |

Have you donated daylilies to NCDC sales?

- Yes  No  Not yet, but plan to soon!

If yes, how often?

- Most sales  Once a year  Less than once a year

Is your garden open for club members to visit?

- Yes  No  Not yet, but plan to soon!

Are your daylilies clearly and accurately labeled?

- Yes  No

How many daylily lovers come through your garden each summer?

- None  1-5  6-10  11-20  21+

What types of daylilies do you prefer to grow? (check all that apply)

- |  |  |                                     |  |
|--|--|-------------------------------------|--|
| <input type="checkbox"/> Minis         | <input type="checkbox"/> Unusual Forms | <input type="checkbox"/> Polytepals | <input type="checkbox"/> Tets  |
| <input type="checkbox"/> Small flowers | <input type="checkbox"/> Doubles       | <input type="checkbox"/> Edges      | <input type="checkbox"/> Northern hybridizers [ <input type="checkbox"/> only] |
| <input type="checkbox"/> Large flowers | <input type="checkbox"/> Spiders       | <input type="checkbox"/> Eyes       | <input type="checkbox"/> No preference (all daylilies are great!)              |

Are there any daylily cultivars or hybridizers you recommend for the Club Plant Program?



\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If there are daylilies you would prefer not to grow, please specify (e.g., list dislikes by type, color or hybridizer).

\_\_\_\_\_

\_\_\_\_\_

Please copy this form and send it to Emily Barry at: **Emily Barry**  
**9820 Culver Street**  
**Kensington, MD 20895**