

Membership Application

NAME:	
ADDRESS:	
CITY	ZIP
EMAIL	
Phone Cell (optional)	
Birthdate (month and day only)	
Spouse or partner's name	
Special talents you bring to the Club	
I have read carefully the attached <i>By-Laws of the Four Season</i> . Article VI, Membership. I understand that the success of the Fo consistent participation of its active members. This means regulactive participation on at least one Committee and active participation as the Plant Sale, Secret Garden Walk and care of the Mar	s Garden Club with particular attention to our Seasons Garden Club depends on the lar attendance at meetings and workshops, ipation in all club-wide annual programs garet Myers Memorial Garden.
I do or do not (please check one) give the Four Seasons me on their web site.	s Garden Club permission to use photos of
Signature	Date

Membership Dues

Annual dues are \$25 per year for Active Members. New members joining on or after October 1st of the year will not be required to pay annual dues at the following April Membership renewal date.

Please return the complete Membership Application along with your check payable to "Four Seasons Garden Club" to Rebecca Belmont at the club's next monthly meeting or by mail to:

Rebecca Belmont, Membership Four Seasons Garden Club 648 37th Avenue Kenosha, WI 53144