



MEMBERSHIP APPLICATION

Date: _____

Name: _____

Address: _____
STREET CITY STATE ZIP

Home Phone: (_____) _____ Email: _____

Occupation: _____ Work Phone: (_____) _____

Work Email: _____

Spouse's Name: _____

Occupation: _____ Work Phone: (_____) _____

Work Email: _____

Children Living at Home:

_____	NAME	_____	AGE	_____	NAME	_____	AGE
_____	NAME	_____	AGE	_____	NAME	_____	AGE

Gardening Experience:

Specific Gardening Interests:

Club Activities: (Your suggestions for future club programs, field trips, etc.)

Hobbies/Interests:

How did you hear about us: _____

Would you be interested in participating in one or more of the following activities (Please check your choice[s].)

- Topics for general meetings & arrange field trips
- Silent auction
- Publicity
- Compost maintenance
- Newsletter
- Special events, i.e. pot lucks, pumpkin patch, etc.

FOR BOARD OF DIRECTORS' USE: Form Dues Received on: _____ by: _____