

LAKELAND GARDENERS NEW MEMBER INFORMATION FORM



It's great to hear that you are interested in joining the Lakeland Gardeners. We are a group of very dedicated gardeners who share a passion for flowers, plants and giving back to our community. Looking forward to your participation in our club.

*Kathy Rosa Kavemeier,
President of Lakeland Gardeners
kathyrosa@mac.com*

*Please complete this form to help us plan for club activities.
Please mail to Lakeland Gardeners, see address in # 9*

Today's Date: _____

Name: _____

Address: _____ Town: _____ Zip code: _____

Home phone: _____ Cell # _____ E-Mail: _____

Where did you hear about our club? _____

Interests:

1. What talents would you bring to the Lakeland Gardeners? _____

2. New members will be assigned a role in the Seasons of Life Hospice Garden by our garden manager at 8951 Woodruff Rd, Woodruff, WI.

3. _____ I would like to host/hostess a Summer meeting at my home with a tour of my gardens.

4. _____ I will bring refreshments for one of our meetings.

5. _____ I can organize a speaker for one of our meetings.

6. Any place you would like to go on for a field trip: _____

7. Topics/activities you would like for future club meetings: _____

8. The Lakeland Gardeners holds one major fundraiser a year to support the maintenance of the Hospice Garden. We also hold plant sales to support our club. In the past we have had a gardening conference, garden walks, Garden 'Cup of Tea' and now 'GardenFest' that includes 3 gardens to tour, music and food at the Hospice Garden. These fundraisers involve all club members.

9. Dues for membership are \$10/year. Please mail your application & completed form to:

**Lakeland Gardeners
P.O. Box 1335
Minocqua WI. 54548**

10. Once we have received your dues and your application, you will be paired with a garden member during your first year of membership. You will also receive: roster of all our garden members, club yearly calendar & club Bylaws