



PINOLE GARDEN CLUB
PO BOX 25
PINOLE CA 94564

MEMBERSHIP APPLICATION

CIRCLE ONE: Miss Ms. Mrs. Mr. DATE _____

FIRST NAME _____ LAST NAME _____

SPOUSE'S FIRST NAME _____ LAST NAME _____

ADDRESS _____

CITY, STATE _____ ZIP CODE _____

TELEPHONE: HOME _____ CELL _____

How do you prefer to be contacted? ☐ HOME ☐ CELL

E-MAIL ADDRESS _____

BIRTHDAY: MONTH/DAY _____

WHAT ARE YOUR MAIN GARDENING INTERESTS? _____

WHAT ARE YOUR HOBBIES OTHER THAN GARDENING? _____

HAVE YOU BEEN A MEMBER OF A GARDEN CLUB? _____ IF SO, WHERE? _____

WOULD YOU LIKE TO WORK ON A COMMITTEE? _____ PREFERENCE, IF ANY _____

PLEASE MAIL YOUR COMPLETED FORM PLUS CHECK FOR \$25.00 (ANNUAL DUES) TO:

Membership Chair
Pinole Garden Club
PO Box 25
Pinole CA 94564

Dues pay for memberships in California Garden Clubs, Inc., Bay Bridges District,
liability insurance and our club yearbook.