



MEMBERSHIP REGISTRATION FORM PLEASE PRINT & FILL IN ALL FIELDS

PART I - MEMBER(S) INFORMATION

LAST NAME:

FIRST NAME (1):

FIRST NAME (2):

STREET ADDRESS:

CITY:

ZIP CODE:

-

HOME:

WORK (1):

EXT:

PHONE NUMBERS:

WORK (2):

EXT:

CELL (1):

CELL (2):

GENDER:

(1)

F

M

BIRTHDATE:

Month

Day

(2)

F

M

BIRTHDATE:

Month

Day

EMAIL ADDRESS (1):

EMAIL ADDRESS (2):

EMERGENCY CONTACT:

EMERGENCY PHONE:

PART II - PAYMENT OPTION

INDIVIDUAL:

\$15.00

CASH

COUPLE:

\$27.00

CHECK *

#

*** PLEASE MAKE CHECK PAYABLE TO: Rolling Meadows Garden Club**

TOTAL RECEIVED: \$

DATE:

/ /

MEMBER (1) SIGNATURE:

MEMBER (2) SIGNATURE:

MEMBERSHIP CHAIRPERSON SIGNATURE:

TREASURER SIGNATURE: