



**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:**

-

**PHONE NUMBERS:**

**HOME:**

**WORK (1):**

**EXT:**

**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:**

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**MEMBER (1) SIGNATURE:**

**MEMBER (2) SIGNATURE:**

**MEMBERSHIP CHAIRPERSON SIGNATURE:**

**TREASURER SIGNATURE:**