



Membership Application

Member Information

Name			
Spouse Name			
Street Address			
City ST ZIP Code			
Home Phone		Cell Phone	
Birth date (Month + Day)			
E-Mail Address			

Interests & Talents

Tell us in which areas you are interested in gardening? Or you may have talents to share?

- | | |
|--|---|
| <input type="checkbox"/> Container | <input type="checkbox"/> Maintaining Your Garden |
| <input type="checkbox"/> Shade | <input type="checkbox"/> Expanding Your Knowledge of Plants |
| <input type="checkbox"/> Rose | <input type="checkbox"/> Water Feature Gardening |
| <input type="checkbox"/> Other (Please describe) | |
| <input type="checkbox"/> Other (Please describe) | |
| <input type="checkbox"/> Other (Please describe) | |

What is Your Favorite Flower or Plant? (And why)

Agreement and Signature

Name (printed)					
Signature					
Date					
Active Date		Dues Paid		Date	