



# Gulf Coast Garden Club Membership Application

Name: \_\_\_\_\_ Birthday Month \_\_\_\_\_

Date: \_\_\_\_\_ Dues are \$50/year Paid by  Cash or  Check # \_\_\_\_\_

Florida Address: (Street, City & Zip Code) \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Months Spent in Florida - please circle the months you are normally here:

Jan Feb March April May June July Aug Sept Oct Nov Dec

How did you hear about GCGC? \_\_\_\_\_

Previous work/skills/hobbies/volunteer and garden club experience \_\_\_\_\_

Special interests and talents \_\_\_\_\_

Are You An NGC Judge? \_\_\_\_\_

If yes, please circle level: *Student Accredited Life Master Emeritus*

*By submitting this application, I affirm that I wish to participate in the activities of the Gulf Coast Garden Club, and will support its objectives to the best of my ability.*