



# Gulf Coast Garden Club Membership Application

Date: \_\_\_\_\_ Dues are \$35/year Paid  Cash or  Check # \_\_\_\_\_

Name: \_\_\_\_\_

Florida Address: (Street, City & 9-digit Zip) \_\_\_\_\_

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

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

Emergency Contact - Name & Number: \_\_\_\_\_

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

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

Summer Address & Telephone (For FFGC Communications): \_\_\_\_\_

Please tell us about YOU!

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

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

GCGC Committees: Your participation is needed for our club's success, and for you to have fun! Please choose at least 3, numbering them in order of preference. Committee Chair will contact you with more information.

- Awards  Communications/Blossoms Bulletin  Community Outreach
- Design Workshops  Finance  Flower Show  Garden Therapy
- Historian  Horticulture Workshops  Hospitality  Inspirational Message
- Meetings Set Up/Break Down  Membership  Native Plants
- Parliamentarian  Photography  Programs  Publications/Yearbook
- Publicity  Tours & Trips  Ways & Means  Website  Youth

Are You An NGC Judge? \_\_\_\_\_ If yes, please indicate: *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.

Signature \_\_\_\_\_ Date \_\_\_\_\_