



# Gulf Coast Garden Club Membership Application

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

Date: \_\_\_\_\_ Dues are \$35/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.*

Signature \_\_\_\_\_

**MAIL APPLICATION TO:**  
**Gulf Coast Garden Club/P.O. Box 94/ Bonita Springs, FL 34133/ Attention: VP Membership**