

Bloomingtondale Garden Club

Membership Application

Name: _____

Address: _____

City: _____

Zip Code:(need full 9-digit zip code) _____

Phone #: Home _____

Cell _____

E-Mail Address: _____

Birthday: Month: _____ Day: _____

Year only if you are 85 years old _____

I give permission to publish my name without further notice: YES / NO (Circle)

I give permission to publish my photo without further notice: YES/NO (Circle)

Your Special Gardening

Interests: _____

Monthly meetings are usually held on the third Tuesday of each month. A reminder e-mail and or call is made prior to each meeting.

Annual membership due are \$20(\$25 for couples) for the period January 1 through December 31. This includes membership to the Garden Clubs of Illinois and three (3) issues of "Garden Glories", the state garden club publication.

Please make checks payable to : BLOOMINGDALE GARDEN CLUB

Please bring your membership check or cash to the next meeting along with this application and give it to :

JENNIFER MOORE, Membership Chair

Thank you and Welcome !!!