

BLOOMINGDALE GARDEN CLUB  
Membership Application

Name \_\_\_\_\_

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

City \_\_\_\_\_

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

Phone: Home \_\_\_\_\_

Phone: Cell \_\_\_\_\_

E-mail Address \_\_\_\_\_

Birthday:      Month: \_\_\_\_\_      Day: \_\_\_\_\_

I give my permission to publish my name without further notice: Yes / No (circle one)

I give my permission to publish my picture without further notice: Yes / No (circle one)

Special Gardening Interests:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Monthly meetings are usually held the third Tuesday of each month  
Reminder email and/or calls are made prior to each meeting.

Annual membership dues are \$25 (\$30 for couples) (January 1 thru December 31)  
and include membership to the Garden Clubs of Illinois. Four (4) issues of "Garden Glories",  
the state garden club publication, are included in your membership fee.

Please make checks payable to: BLOOMINGDALE GARDEN CLUB

Please bring your membership application with a check or cash to the next meeting  
and give it to : **Marietta Serenda Membership**

Thank you and Welcome!!!

Check #: \_\_\_\_\_

Cash: \_\_\_\_\_

Received Date: \_\_\_\_\_

Turned In: \_\_\_\_\_