BLOOMINGDALE GARDEN CLUB

Membership Application

Name			
Address:			
City			
Zip Code: (need	full 9-digit zip code)		
Phone: Home			<u> </u>
Phone: Cell			<u> </u>
E-mail Address			<u> </u>
Birthday:	Month:	Day:	<u> </u>
			er notice: Yes / No (circle one) her notice: Yes / No (circle one)
Special Gardenin	g Interests:		
Word and/or Exc	el Skills?		
	s are usually held the and/or calls are made	-	
and include mem		en Clubs of Illinois.	nuary 1 thru December 31) Four (4) issues of "Garden Glories" nembership fee.
Please make che	cks payable to: BLO	OMINGDALE GARD	DEN CLUB
	r membership applica Marietta Serenda		or cash to the next meeting
Thank you and W	/elcome!!!		
Check #: Cash: Received Date: Turned In:		<u>_</u>	