

Coastal Gardeners Membership Application

Name: _____

Address: _____

Development: _____

Phone No.: (Cell) _____ Home) _____

E-Mail Address: _____

Birthday: (mm/dd) _____

Name to appear on forms (e.g., nickname): _____

Gardening Interests: Circle all that apply (e.g., Native Plants, Community Beautification, Wildlife, Conservation, Horticulture, Landscape/Floral Design, Vegetable/Herb, Awards, Fundraising, Yearbook, Projects, Hospitality/Social, Web, Publicity, Planning)

Others: _____

Sponsor(s): _____

I, _____ (print name) do hereby pledge to be an active member of
Coastal Gardeners.

If chosen: Associate Member _____ (print name)

Affiliated with the Delaware Federation of Garden Clubs, Inc; Central Atlantic Region of State Garden Clubs, Inc. and the National Garden Clubs, Inc.

We have many Garden Club opportunity in which we look forward to your participation. We expect active members to participate in our major projects and join one committee. Please read and follow the clubs By-laws and Standing Rules.

Active Signature: _____ Date: _____

Associate Signature: _____ Date: _____

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Dues: \$35 Active member (Submit with application.)

Dues: \$45 Associate member (Submit with application)

Make checks payable to: Coastal Gardeners

Co-Membership Chairs:

Robyn Zagone, 40 Beach Club Ave, Ocean View, DE 19970

Contact: 301-742-0402 Email: robynzagone@verizon.net

Mary Branagan,

Contact: 443-255-5119 Email: marybranagan@yahoo.com

To be completed by Membership
Chairperson Only.

Dues Paid Yes No

Other docs: