

Membership Application

Date of Application _____

Name _____ Spouse _____

Address _____

City _____ State _____ Zip _____

Phone (h) _____ (w) _____ (cell) _____

Email _____

Occupation _____
(if retired, state former occupation)

Gardening Interests _____

Other Interests/Hobbies _____

Check which activities are of interest to you:

Community Projects Serve as Officer or Director
 Azalea Sale Yearbook or Computers

Membership Dues (enclosed)

_____ \$30.00 Regular Member (calendar year Jan-Dec)

_____ \$45.00 Member and Spouse
Must complete membership form for each member

Total Enclosed: \$ _____, Check Number _____, Renewal _____, New Member/s _____

Please make checks payable to: Gardeners of Wake County

Mail to: Gardeners of Wake County
Barbara Brown, Membership Chairman
517 Wyndham Drive
Fuquay-Varina, NC 27526-7706