*POTTAWATOMIE GARDEN CLUB*

*MEMBERSHIP FORM*

**DATE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAME** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SPOUSE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CITY**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ZIP CODE +4** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 *include all 9 numbers*

**PHONE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **CELL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 *preferred ( )* *check preferred phone contact method preferred ( )*

**E-MAIL\*\***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\* \_\_\_\_\_\_\_ Please check here if you have no access to email

\*\* \_\_\_\_\_\_\_ Yes, please mail PGC Newsletter (**enclose an additional $10 to cover postage**)

**Level of Membership:** *check your level of membership:*

Active: $30 \_\_\_\_\_\_\_ New Member: $30 \_\_\_\_\_\_\_ Associate: $40 \_\_\_\_\_\_

Honorary: N/A\_\_\_\_\_\_ (donation optional: \_\_\_\_\_\_\_\_)

***Make your check payable to: Pottawatomie Garden Club***

**Please submit membership form and dues to either:**

* **The Treasurer or Membership Chair at the Pottawatomie Garden Club Meeting**
* **Mail to Pottawatomie Garden Club, PO Box 424, St. Charles, IL 60174-0424**

***Active Membership Responsibilities:***

***\**** *Timely payment of annual dues****\**** *Attend minimum of one general meeting, excluding luncheons****\**** *Participation in biennial Garden Walk activities*

***\**** *Participation at least one other PGC activity per year:*

* *Planting of the Bridges (May & September)*
* *River Corridor native plant maintenance*
* *Committee for Spring and/or Fall Luncheon*
* *Provide centerpiece arrangement for a luncheon*
* *Providing refreshments for a monthly meeting*
* *Other activities designated by the Executive Committee*

 **IN CASE OF EMERGENCY, CONTACT:**

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(NAME) (PHONE) (RELATIONSHIP)