

Last Name

San Clemente Garden Club Membership Form 2017-2018

Dues: Individual \$25____ Family \$40____ (members joining on or after February 1, please pay half)

First Name

Make checks payable to: San Clemente Garden Club
Bring the completed form and payment to the general meeting or mail to:
San Clemente Garden Club, Attn: Membership
P.O. Box 3891, San Clemente, CA 92674

Name as you wish it to appear on your na	ime tag		
For Family memberships: Spouse's Name			
Phone number, (preferably cell #)		_ Do you text?	
Address Street			
City	State	Zip	+4
Email			
Garden Tour. Assist in selecting gardens, Jr. Gardeners. Share your time monthly a Newsletter. Write, edit, proofread. Take	, planning the tour, o It local schools' gardo your pick.	docent, etc. at this en clubs. Learn thi	s m ing