MEMBERSHIP APPLICATION FOR THE GARDEN CLUB OF YARMOUTH

Residents of the Town of Yarmouth are eligible for active membership with the approval of a written application by the Executive Board.

Active members of the Club shall attend four (4) meetings one of which may be a Horticulture Roundtable meeting. They also shall be a contributing and attending member of at least one committee for a two year period of time. All members need to be actively involved in the annual fund raising plant sale in May.

In joining this club, you agree to be an active participating member on at least one committee. Our committees are Annual Meeting/Luncheon, Civic Beautification, Conservation, Flower

Show, Handbook, Hospitality, Herb Garden, Horticulture Roundtable, Program, Membership, Publicity, Telephone, Scholarship, Ways and Means, and Web. Our membership chair will be in touch with you to discuss our current committee openings and your preferences and interests.

LAST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS (include town) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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E-mail address (if you wish to have it published in the Handbook)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 On the line above please PRINT your name as you would like it to appear in the Handbook

 Example: Doe, Mrs. Jane (John) or Smith, Jack

Have you been a member of a garden club? If yes, please name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you held an office or been a committee chairman of that club?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ All questions must be answered.

Your signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this form to:

Pamela Innamorati, GCOY Membership Chair

72 Clifford Street

South Yarmouth, MA 02664

Please enclose a check for $35 payable to the Garden Club of Yarmouth. You will be notified when this application is accepted.

Date sent\_\_\_\_\_\_\_\_\_\_\_ Date accepted\_\_\_\_\_\_\_\_\_\_\_\_