

## New Smyrna Beach Garden Club

## APPLICATION FOR MEMBERSHIP

Date:	Dues: \$75.00 Cash/Check#
	May pay reduced dues of \$37.50 for current year membership)
Name:	
Birthday: Month_	Day:
Phone #	Cell #
Past Organization	al, Business or Professional Experience:
Hobbies and Interes	est:
Where did you live	previously?
Where you previou	ısly in a garden club? If so, where?
Did you serve in a	ny officer of committee chair position?

## New Smyrna Beach Garden Club

Let us know what committee you wo	ould like to be involved with the Club.	
Webpage Manager	Garden of Month	
Hostess	Butterfly Education & Certification	
Audit/Bookkeeping		
Club Grounds	Camp Wekiva	
Hospital Floral Design	SEEK Program	
Festival of Trees		
	House / Building Maintenance	
Habitat for Humanity		
Yearbook Assistance	Rummage Sale	
Help us get to know you better by lis	sting what you may be interested in learning or	
accomplishing as a member		
Sponsor/Mentor		

Thank you for your interest in the New Smyrna Beach Garden Club and Welcome to our Club!!

## Mail application and check to:

New Smyrna Beach Garden Club, Inc. C/O Mimi Weerts 808 East 25<sup>th</sup> Ave.

New Smyrna Beach, FL 32169