

New Smyrna Beach Garden Club

APPLICATION FOR MEMBERSHIP

Date:	_ Dues: \$75.00 Check#
(Members joining Feb to May pay red	uced dues of \$37.50 for current year membership)
Name:	
Address:	
Address:	
Email:	
Birthday: Month Da	y:
<i>Phone #</i>	Cell #
	ss or Professional Experience:
Hobbies and Interest:	
Where did you live previous	y?
Were you previously in a gar	den club? If so, where?
Did you serve in any office of	r committee chair position?

New Smyrna Beach Garden Club:

Please indicate 1st and 2nd choice on the following committees:

HOSTESS: Decorate a table, bring a snack, and Help in the Kitchen at meetings

_____ FINANCE: Accounting Tasks during Club Meetings and Events.

____ CLUB GROUNDS: Trim & Weed Grounds Twice a Month.

____ ADVENT HOSPITAL FLORAL DESIGN: Provides a Monthly floral

arrangement, experience a plus.

_____ FESTIVAL OF TREES (FOT): Annual Fall Fundraiser with Holiday Theme.

____ YEARBOOK: Help with Annual Update of Directory, Advertisers & Club Events.

___ GARDEN OF MONTH: Identify
Homes for Monthly Recognition.
___ BUTTERFLY EDUCATION &
CERTIFICATION: Home & Community
Gardens.

CAMP WEKIVA SCHOLARSHIP: For Third to Sixth Graders.

SEEK SCHOLARSHIP: (Save the Earth's Environment Through Knowledge) High School Students.

____ RUMMAGE SALE: Annual Spring Fundraiser.

____GARDEN TOUR: Annual tour of local gardens of interest and beauty.

Help us get to know you better by listing what you may be interested in learning or accomplishing as a member.

Mentor_____

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

Mail the application and check to:

New Smyrna Beach Garden Club, Inc.

C/O Mimi Weerts

808 East 25th Ave.

New Smyrna Beach, FL 32169