

Membership Application



Name _____

Address _____

Phone _____ Birthday (month & day only) _____

Email _____

Previous home state _____ When did you move here? _____

Full-time Resident _____ Part-Time _____ (what months?) _____

Hobbies _____

Are you a Master Gardener? _____

Please check which committees you would like to participate in:

_____ Refreshments _____ Tea _____ Plant sales _____ Flower show

_____ Scholarship committee _____ Help wherever needed

A complete membership list is available in a password-protected area of the website so only members with the password can access this information.

How did you hear about us? _____

Make checks payable to Allamanda Garden Club of North Port

Individual \$30.00 Couple \$35.00

Mail to: Allamanda Garden Club of North Port, Inc.
 PO Box 7975, North Port, FL 34290