

CHAPPAQUA GARDEN CLUB, INC.
Membership Application

Last Name: _____ First: _____ Date: _____

Address: _____ Town: _____

Zip Code: _____ Telephone: _____

Cell Phone: _____ Fax: _____

Email Address: _____

Have you ever been a member of the Chappaqua Garden Club (& when)? _____

Please describe any organizational, administrative or business experience which you believe might be an asset to the Club (optional). _____

(Use back if necessary)

INTERESTED IN:

____ Horticulture

____ Flower Arranging

____ Landscape Design

____ Therapy

____ Civic Improvement

____ Wreath Making

WILLING TO HELP WITH:

____ Publicity

____ Art Work

____ Word/Excel/Computer Skills

____ Flower Shows

____ Plant Sale

____ Administrative Work

For CGC Membership Use below line

Category of Membership: (please check one)

____ New Member ____ Active ____ Associate

Mentor Assigned: _____

Return to Chappaqua Garden Club, P.O.Box 374, Chappaqua, NY 10514. Email to Melanie at melanie_ms12@gmail.com with questions.

Date Active: _____