***THE GARDEN CLUB OF DEARBORN***

**2023-2024 Membership Application Form**

Please complete the following form and submit along with your annual $30.00 dues payment**. *Check should be made payable to Garden Club of Dearborn***. Check and form should be mailed to:

**Laurine Griffin, GCD Treasurer: 22750 Alexandrine, Dearborn 48124**

[Please submit by 8/1/23 in order to ensure your name appears in the GCD Directory]

**NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SPOUSE / SIGNIFICANT OTHER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_**

**STREET ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY/ZIP CODE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please list only one phone number**

**EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BIRTH DATE: (mo/day)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please indicate your interest in participating in a Garden Club activity by checking one or more of the items below.**

* **Garden Therapy**
* **Garden Walk/Flower Show**
* **Tea/Luncheon**
* **Fundraising**
* **Landscape Projects**

***Please add to the back of this sheet any special areas of interest or specialized skills/qualifications you can offer to our members. Note if you would like to serve in a leadership role***

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**FOR ADMINISTRATIVE USE ONLY**

**Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Check Number: \_\_\_\_\_\_\_\_\_\_\_\_\_**

Please contact VP Membership - Carol Chrzastek - if you do not wish your photo to appear in any Garden Club of Dearborn internal communication i.e., website, newsletter, etc.