

THE GARDEN CLUB OF DEARBORN
2025-2026 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 6/30/25 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.

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.