

BOYNE VALLEY GARDEN CLUB MEMBERSHIP ENROLLMENT

Date: _____

Name: _____ **Spouse/Partner:** _____

Address/City/State/Zip: _____

Cell Ph: _____ **Home Ph:** _____

E-Mail: _____ **Birthdate (Month/Day):** _____

(Note: Information provided is for club purposes only and will be published in the club directory)

PLEASE COMPLETE THIS INFORMATION TO ASSIST WITH INTRODUCING YOU AT THE NEXT MEETING YOU ATTEND.

1. Originally from --
2. Living in the Boyne City area full time or part time --
3. Family consists of --
4. Your profession is or you are now retired from --
5. Hobbies --
6. How you discovered Garden Club and why you wanted to join --
7. Any other facts of interest --

THE VICE PRESIDENT OF GARDENS WILL MATCH YOU UP WITH ONE OF OUR CITY BEAUTIFICATION GARDENS.

Are you a Master Gardener? Yes/No Advanced Master Gardener? Yes/No

Are you requesting to work in a particular garden or no preference?

No pref Bridge Chamber Co-op Library Marina Memorial
 Old City Park Post Ofc. Restrooms Veterans

THERE ARE MANY WAYS TO GET INVOLVED IN GARDEN CLUB ACTIVITIES. WHAT INTERESTS YOU?

Projects: July 4 Pie Sale July 4 Float Smokey the Bear Poster Contest
 Holiday Party Main St. Planter Boxes City Scarecrows Wreath/Garland Sale

Committees: New Member Ambassadors Hospitality Historians Donations
 Programs Year Book

Governance: Interested in serving as a club officer

RETURN FORM & PAYMENT TO: BVGC, P.O. BOX 387, BOYNE CITY, MI 49712
INCLUDE: \$15 ANNUAL DUES \$15 APRON FEE (IF DESIRED)