



Membership Application

Print and complete this form to apply.

Full Name: _____

Email: _____ Phone: _____

Address: _____ ZIP: _____

What is your largest gardening space? (*We want to cater programs to your gardening habitats.*)

Yard Balcony Patio Windowsill Other _____

We run a lot of events (community service, parties, monthly meetings, member garden tours, orchid 'planting,' and our annual plant fair). Will you make yourself available to volunteer at any of these club activities? _____ YES _____ MAYBE

Type of membership: Single (\$20) Dual (\$25 for additional family member)

For dual membership fill in below.

Family Member: _____

Email: _____ Phone: _____

Mail this form with a check or money order for your dues (\$20 single or \$25 dual) to:

Equality Garden Club 1881 NE 26 Street Suite 212 Wilton Manors 33305

Thank you,

from EGC!