

EASTON GARDEN CLUB  
P.O. BOX 14  
EASTON, MASSACHUSETTS 02334  
[www.eastongardenclub.org](http://www.eastongardenclub.org)

APPLICATION FOR MEMBERSHIP

NAME: \_\_\_\_\_  
(specify exact wording to appear in the Program Book)

ADDRESS: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ CELL TELEPHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

I hereby apply for membership in the Easton Garden Club. I understand that the annual dues for Active Membership is payable at the time of application.

Joining in September, October, November \$35.00

Joining in January, February, March \$17.50

The membership chairperson will accept these dues after I have attended one meeting.

Dues must be paid by May 31<sup>st</sup> to renew for the following year.

I also understand that I am required to serve on at least two committees each year and to attend at least three meeting per year.

APPLICANT SIGNATURE: \_\_\_\_\_

You are required to serve on refreshment committee at a monthly meeting, please specify which month you would prefer: 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_

Which of the following will you participate in? Please choose a minimum of three:

December Greens Sale preparation

Plant Sales

Special Events

Floral arrangement for refreshment table, specify month: 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_

Village Improvement

Garden Therapy

Publicity, e.g. distributing posters, flyers and signs

Kindly return this application along with your dues to the attention of the Membership Chairperson at the address above.

Thank you for your interest in joining the Easton Garden Club

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