



MEMBERSHIP APPLICATION Fiscal Year Ending June 30

NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

Preferred method of contact: home phone____ cell phone____ email____ text____

IMPORTANT Please circle the information you want included in the WSGC Membership Book. The Membership Book is distributed **ONLY** to WSGC members for use in club activities.

Please answer each individual item below

Name: Yes/ No Address: Yes/ No Home Phone: Yes / No Cell Phone: Yes/ No

Email: Yes / No

Will you allow your photo used in either our Facebook or Website? Yes / No

The WSGC has a number of committees that need membership involvement. Which committees are you interested in?

Publicity____, Greenhouse____, Plant Sale____, Civic Beautification____ Event/Speakers____

Education____, Nomination____, Yuletide decoration____, Field Trips____, Bylaws____

MEMBERSHIP DUES \$20.00

Please make checks out to *West Springfield Garden Club*

Mail form & dues to: Joanne Roberts, 17 Wilbert Dr, West Springfield MA 01089, jjrbrts@comcast.net