

SANDWICH GARDEN CLUB

FIRST NAME _____ LAST NAME _____

STREET/PO BOX _____ CITY _____ ZIP CODE _____

EMAIL _____ PHONE _____

Membership Dues: INDIVIDUAL \$20 _____ FAMILY \$30 _____

Hospitality Opt Out: Add \$10 to dues (details below) \$10.00 _____

Please submit and make checks payable to: **SANDWICH GARDEN CLUB**

P. O. BOX 1731, Sandwich, MA 02563

Office	Use
Rec'd	\$
Cash	or
Ck#	
Date	
Rec'd	

All Club correspondence is sent via email. If you do not have internet access, please check here _____

The Sandwich Garden Club exists exclusively for charitable and educational purposes. Our objective is to advance and encourage the art of gardening and horticulture study with a directive of faithful conservation in keeping with the natural resources of Cape Cod. By signing this membership application, you agree to uphold the Clubs objectives and to abide by the Clubs by-laws.

SIGNATURE _____ DATE _____

COMMITTEE SIGN UP

All members are asked to serve on one or more of our committees. Committee involvement is the lifeblood of our Club, and lots of fun! Please indicate your choice(s) below. A committee member will contact you.

____ HORTICULTURE

____ CIVIC PROJECTS

____ GENERAL MEETING SET UP/CLEAN UP

____ HOSPITALITY

ALL MEMBERS MUST WORK ON AND CONTRIBUTE TO THE ANNUAL PLANT SALE.

MEMBERS MUST CONTRIBUTE ENOUGH PLANTS TO EQUAL \$50.0 IN SALES OR A \$50.00 CASH CONTRIBUTION

HOSPITALITY

All members are asked to support hospitality at the meetings by donating a dessert or hors D'oeuvres ONCE per year. Please indicate which meetings you would be able to provide a refreshment. Please indicate at least two possible months to allow for scheduling. You will be contacted by the hospitality committee. If you do not wish to contribute a food item, please include a \$10 Opt Out fee with your dues.

SEPT ____ OCT ____ NOV ____ DEC ____ JAN ____ FEB ____ MAR ____ APR ____ MAY ____