



POTTAWATOMIE GARDEN CLUB

MEMBERSHIP FORM

DATE _____

NAME _____

SPOUSE _____

ADDRESS _____

CITY _____

ZIP CODE +4 _____

include all 9 numbers

PHONE _____

CELL: _____

preferred ()

check preferred phone contact method

preferred ()

E-MAIL** _____

** _____ Please check here if you have no access to email

** _____ Yes, please mail PGC Newsletter (enclose an additional \$10 to cover postage)

Level of Membership: *check your level of membership:*

Active: \$30 _____ New Member: \$30 _____ Associate: \$40 _____

Honorary: N/A _____ (donation optional: _____)

Make your check payable to: Pottawatomie Garden Club

Please submit membership form and dues to either:

- The Treasurer or Membership Chair at the Pottawatomie Garden Club Meeting
- Mail to Pottawatomie Garden Club, PO Box 424, St. Charles, IL 60174-0424

Active Membership Responsibilities:

- * *Timely payment of annual dues*
- * *Attend minimum of one general meeting, excluding luncheons*
- * *Participation in biennial Garden Walk activities*
- * *Participation at least one other PGC activity per year:*
 - ☐ *Planting of the Bridges (May & September)*
 - ☐ *River Corridor native plant maintenance*
 - ☐ *Committee for Spring and/or Fall Luncheon*
 - ☐ *Provide centerpiece arrangement for a luncheon*
 - ☐ *Providing refreshments for a monthly meeting*
 - ☐ *Other activities designated by the Executive Committee*

IN CASE OF EMERGENCY, CONTACT:

(NAME)

(PHONE)

(RELATIONSHIP)