



PINOLE GARDEN CLUB
PO BOX 25
PINOLE CA 94564

Membership Application

CIRCLE ONE: Miss, Ms., Mrs., Mr. DATE: _____

FIRST NAME _____ LAST NAME _____

SPOUSE'S FIRST NAME _____ LAST NAME _____

ADDRESS _____

CITY, STATE _____ ZIP CODE _____

TELEPHONE _____

E-MAIL
ADDRESS _____

BIRTHDAY: MONTH _____ DAY _____

WHAT ARE YOUR MAIN GARDENING INTERESTS? _____

WHAT ARE YOUR HOBBIES OTHER THAN GARDENING? _____

HAVE YOU BEEN A MEMBER OF A GARDEN CLUB? _____ IF SO, WHERE? _____

WOULD YOU LIKE TO WORK ON A COMMITTEE? _____ PREFERENCE, IF ANY: _____

PLEASE MAIL YOUR COMPLETED FORM PLUS CHECK FOR \$20.00 [Annual Dues] TO:

Membership Chair
Pinole Garden Club
PO Box 25
Pinole CA 94564