



MILTON GARDEN CLUB, INC.
P.O. BOX 203
MILTON, DE 19968
302-329-9807
www.themiltongardenclub.org

MEMBERSHIP APPLICATION **NEW** **RENEWAL**

Please check appropriate box if this is a new application, or a renewal.
Dues are \$10 per calendar year and should be submitted with this application.
Meetings are held monthly on the 3rd Thursday at 6 PM, except July, August & December
at The Grace Church, 514 Union St, Milton.

Name: _____ Ms Mrs Mr

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Birth Month: _____

Please note your level of gardening (ie beginner/experienced) which will help us in planning program topics
Novice Middle of the road Experienced Master Gardener

What program topics would be of interest? _____

Do you have any special talents to assist our organization, such as in horticulture, landscaping, wreath making, floral
arrangements, administration, publicity, fund raising, accounting, graphic arts, web design, etc.

Date: _____ Signature: _____

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For Treasurer's Use

Date Received: _____ Cash Check Check # _____