



MILTON GARDEN CLUB, INC.  
P.O. BOX 203  
MILTON, DE 19968  
302-684-8315  
www.themiltongardenclub.org

☐ NEW ☐ RENEWAL

## MEMBERSHIP APPLICATION

Please check the appropriate box above: New or Renewal. Dues are \$10 per calendar year and should be submitted with this application. Meetings are held monthly on the 3<sup>rd</sup> Thursday at 6 PM, except July, August & December, at The Grace Church, 514 Union St, Milton, DE 19968.

Name: \_\_\_\_\_ Ms ☐ Mrs ☐ Mr ☐

Home Address: \_\_\_\_\_

\_\_\_\_\_ Community: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Birth Month \_\_\_\_\_

Please note your level of gardening (i.e., 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 or skills to assist our organization? Please check those that apply:

☐ Landscaping ☐ Irrigation ☐ Wreath Making ☐ Floral Arranging ☐ Bow Making ☐ Event Planning

☐ Fund Raising ☐ Administration ☐ Accounting ☐ Graphic Arts ☐ Art ☐ Photoshop ☐ Photography

☐ Marketing ☐ Public Relations ☐ Social Media ☐ Web Design ☐ Web Maintenance

Other: \_\_\_\_\_

☐ I understand that as a member of the Milton Garden Club, I will be expected to assist a garden team with maintenance of downtown gardens as well as help with annual events including the Horseshoe Crab Festival, Garden Tour and HollyFest.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

.....(10-24)

### For Treasurer's Use

Date Received: \_\_\_\_\_ Cash ☐ Check ☐ Check # \_\_\_\_\_