



**Penn-Cumberland Garden Club
Membership Application**

Motto: Every member a working member.

Name: _____

Street Address: _____

City: _____ 9-digit zip code: _____ - _____

Primary Phone: _____ Cell Phone: _____

E-mail: _____ Optional DOB: Month: _____ Day _____

How did you hear about PCGC? Name of friend/Internet/other: _____

Check areas of special interests/talents/expertise:

- | | | |
|---|--|---|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Master Gardener | <input type="checkbox"/> Web Site Ability |
| <input type="checkbox"/> Computer Knowledge | <input type="checkbox"/> Photography | <input type="checkbox"/> Writing Skills |
| <input type="checkbox"/> Event Planner | <input type="checkbox"/> Public Speaking | |
| <input type="checkbox"/> Financial Experience | <input type="checkbox"/> Working with Children | |

Other: _____

Club Committees/Projects/Activities – Please select all Activities are of interest to you:

- | | |
|---|--|
| <input type="checkbox"/> Birds Butterflies and Wildflowers (guided tours to view flora and fauna) | <input type="checkbox"/> Horticulture- plant related workshop/tours |
| <input type="checkbox"/> Civic Beautifications- of 17 local sites | <input type="checkbox"/> Plant Sale held every May |
| <input type="checkbox"/> Conservation- sharing conservation information | <input type="checkbox"/> Pressed Flower Designers-meet monthly to make designs using pressed flowers |
| <input type="checkbox"/> Floral Design Guild-workshops about flower arranging | <input type="checkbox"/> Travel- select places to visit as a group |
| | <input type="checkbox"/> Ways and Means- holds raffles at meetings |
| | <input type="checkbox"/> Scholarship- select worthy local students |

Please return completed form along with a membership dues check for \$30.00 made out to: **Penn-Cumberland Garden Club**. The Membership Year runs from May thru April. Dues are lowered to \$15.00 if you join on or after November 1. Dues for a new Membership Year are due no later than April 20. Please mail your check to:

Sue Greenly
20 Gunpowder Rd
Mechanicsburg, PA 17050

I agree to grant PCGC permission to photograph and/or video, pictures of my participation and/or creations which may be used as part of any publication, brochure, or other printed materials used to promote PCGC without fees or compensation.

Signature _____ Date _____

Please provide the name of someone to contact in case of an emergency, (this information will be kept private): name: _____ street or email address: _____

Phone: _____

Office Notes: Check # _____ Amt: \$ _____ Date: _____ Mbrsp Chair Initials: _____

- | | | |
|---|--|---|
| <input type="checkbox"/> Pin/Cup/Book/Photo/Badge | <input type="checkbox"/> Notified Committees | <input type="checkbox"/> State form to Treas. |
|---|--|---|

