

The Men's Garden Club of Asheville
Membership Application/Dues

(Please print or type)

Name _____ Significant other _____

Address _____ City _____ State _____ Zip _____

Home Telephone _____ Work Phone _____ E-Mail _____

Business/Profession _____ Retired ? Yes No FAX _____

Gardening Interests _____

Sponsor _____ (Note: If you do not have a sponsor or know any club member, please leave this blank and one will be provided for you.)

If Corporate, name of your personal representative/contact _____

Telephone _____ E-mail _____ FAX _____

\$ _____ Membership Dues (\$25 per year) \$ _____ Contribution

\$ _____ Total Enclosed

Mail Application to: Men's Garden Club of Asheville, P.O. Box 633, Asheville, NC 28802

I am interested in one or more of the following activities:

1. Help with plant sales
2. Help with management/maintenance of the greenhouse
3. Work on a beautification site project
4. Assist with newsletter, directory and/or website
5. Offer my skills/experience in _____
6. Present a program on _____
7. Other _____

MEMBER SPONSOR: (Please give a brief statement about the applicant) _____
