

LAKESIDE GARDEN GUILD MEMBERSHIP APPLICATION FORM

This form is to be completed by the new applicant and given (or e-mailed) to the Membership Chairperson(s) after attending the second meeting as a prospective member

LAST NAME	FIRST NAME	PARTNER'S NAME
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BIRTH MONTH & DAY	INTERESTS (i.e. gardening, reading, etc)
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ADDRESS: _____
(Local mailing address and house address)

Summer address, if different: _____

Local E-MAIL ADDRESS: _____

Summer E-MAIL addresses: _____

Local phone #: _____ & summer: _____

COUNTRY AND CITY OF ORIGIN _____

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

ARE YOU PREPARED TO GIVE A PROGRAM ON SOME HORTICULTURAL SUBJECT OR
ON FLOWER ARRANGING OR ANY RELATED TOPIC, EITHER INDIVIDUALLY OR AS A
PART OF A GROUP?

WOULD YOUR HOME ACCOMMODATE A MEETING WITH AN AVERAGE ATTENDANCE OF 35 MEMBERS AND GUESTS? _____

ARE YOU WILLING TO SERVE AS AN OFFICER OR COMMITTEE CHAIRPERSON?

ARE YOU AWARE OF THE FINANCIAL OBLIGATIONS INVOLVED WITH GARDEN GUILD MEMBERSHIP SUCH AS WORKSHOP SUPPLIES, HOSTESSING, FLOWER SHOWS, ETC.?

"I have been informed by my sponsor of the obligations and responsibilities of being a member of the LGG, and we have reviewed the website and bylaws."

SIGNATURE OF APPLICANT _____ DATE: _____

APPLICANT NAME _____

MEETING ATTENDANCE:

Date of 1ST MEETING _____

Date of 2ND MEETING _____

Date of 3RD MEETING _____

APPLICATION RECEIVED DATE: _____

DATE OF APPROVAL BY THE BOARD: _____

(REV.FEBRUARY 2017)