



Michigan Garden Clubs, Inc.
Member of
National Garden Clubs, Inc.
Application for Membership

Name of Club: _____

City: _____ Date Club Organized: _____

Total Number of Members: _____

Officer Election (Month): _____

Installation of Officers (Month): _____

Meeting Time (Time/Day of Month): _____

What Months Do You Meet? _____

Officers for 20____ (Please print - In address line, street, city, zip+4)

President: _____

Address: _____

Phone: _____ email: _____

Vice-President: _____

Address: _____

Phone: _____ email: _____

Secretary: _____

Address: _____

Phone: _____ email: _____

Treasurer: _____

Address: _____

Phone: _____ email: _____

MGC dues are \$5.00 per single member, or \$7.50 per couple. This includes a subscription to the official publication *Thru the Garden Gate*. Make checks payable to MGC, Inc. Please include a check for the total membership along with an alphabetical list of your members including name, address, city, zip plus 4 digit ending if available, telephone number and e-mail address.

Sponsored By: _____ Club #: _____

Club President (signature): _____

Presented to the MGC, Inc. State Board by:

District Director: _____ District #: _____

Today's Date: _____ Club Number Assigned: _____

Please list membership:

Members Name	Mailing Address	City	Zip Code	Phone	Email
--------------	-----------------	------	----------	-------	-------