Sarasota Garden Club
Membership Application

Celebrating 99 Years 1927-2026

Name:_____ **Date:** _____

Address: _____ **City:** _____ **State:**___ **Zip:** _____

Best Phone # (Mandatory): _____ **Best time to Call:** _____ **Do you Work:**_____

Email address: _____ **Date of Birth (Month/Day):**_____

Partner's Name: _____ **(If Partner is joining, please complete a separate Membership Application).**

Emergency Contact: Name _____ **Phone:** _____

Months spent in Florida (example: January – April) _____

How did you hear about the Sarasota Garden Club? _____

Member of a previous garden club? _____

Have you attended a meeting or event at the SGC? _____

Can you attend the General Membership meetings held on third Wednesdays, Sept. to May? _____

SGC Committees: To enhance your membership experience. (Please volunteer for at least one or more committees):

____ Botanical Gardens ____ Communications ____ Education
____ Fundraising, Events Planning ____ Hospitality ____ Membership ____ Programs
____ Community Projects & Civic Beautification

Interests: ____ Floral Design ____ Horticulture____ Landscape Design ____ Container Gardening

Other desired learning experiences, Please indicate:_____

Tell us something about yourself you would like us to know:

Horticulture/Landscape Design: _____ **Floral Design:**_____

Computer Skills (Word, Excel, Quickbooks, Graphic Art?): _____

Grant Writing Skills: _____ **Other Skills/Hobbies to share:** _____

Do you have suggestions for our Club? Guest Speakers _____

Field Trips: _____ **Where?**
_____**Fundraisers:** _____ **Other Suggestions:**
_____ **(Add additional comments/informationon on reverse side)**

Annual Dues: $95 for Single; $180 for Couples; $83 for Single with FFGC Life Membership. Mail to: Sarasota Garden Club, 1131 Blvd. of the Arts, Sarasota, FL 34238/ Phone: 941-955-0875. Website: SarasotaGardenClub.org

Continued Reverse Side

Sarasota Garden Club Application (Continued)

Signature: _____ **Date:** _____

By submitting this Application, I affirm that I want to participate in the activities of the Sarasota Garden Club. I will support its mission and objectives to the best of my ability.

A COPY OF THE OFFICIAL SGC REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. Registration Number CH40324.

ADD ADDITIONAL COMMENTS AND/OR INFORMATION:

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