Membership Application Form

"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, PO Box 893, OSPREY, FL 34229

www.SarasotaGardenClub.org / FinanceOffice@SarasotaGardenclub.org

Membership Application Form (Cont.)

Signature: _____ Date: _____

By submitting this Application, I affirm that I want to participate in the activities of the Sarasota Garden Club. I will support is 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: