



# Sarasota Garden Club Membership Application

Celebrating  
96 plus  
years  
1927-2023

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/information 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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