Chapel Hill Garden Club New Member

Date _____

Name _____

Address _____City _____ State _____ Zip _____

Home _____ Cell _____ Email _____

Dues: January – August $45.00 September – December $20.00
Make check out to the Chapel Hill Garden Club
Send to: Chapel Hill Garden Club, PO Box 10054, Chapel Hill, NC 27515

TELL US ABOUT YOURSELF: Where are you from? How did you hear about us?
Why did you come to our club? Are you a member of another garden club?

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INTRESTS:

____Community Service
____Floral Design Workshops/Flower Shows
____Horticulture
____Landscape Design
____Youth Garden Groups
____Other_____

YOUR SKILLS:

____Accounting/Bookkeeping
____Creative Writing
____Computer, Data Management
____Design: Floral/Horticulture/Landscaping
____Fundraising
____Grant Writing
____Graphic Design
____Other_____
____Historian/Archiving
____Hospitality
____Marketing
____Photography/Videography
____Public Speaking
____Social Media
____Website Design/Management

ARE YOU:

____Life Member, NCSGC, SAR, GCNC, CHGC.
____CHGC Perennial
____Flower Show Judge: Student, Accredited, Life, Master, Emeritus
____Certified Landscape Designer
____Master Landscape Design Consultant
____Master Gardener: Where certified?_____Active?_____
____Member of the North Carolina Botanical Garden
____ A NCBG Volunteer
Other Accreditations_____

I grant the Chapel Hill Garden Club permission to use my name, personal information and photograph without compensation on their website, social media and other publications.
_____Yes, _____No Signature _____