

2020 Membership Renewal



Date _____

Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Email _____

Please fill out this form and BRING TO JANUARY or FEBRUARY MEETING or
MAIL TO CLUB along with a check for \$45.00 payable to the Chapel Hill Garden Club.

CH Garden Club
PO Box 10054
Chapel Hill NC 27515-0054

Our membership year runs from January 1 — December 31. Dues are payable by February 28th.

INTERESTS:

Community Service Landscape Design
 Floral Design Workshops/Flower Shows Youth Garden Groups
 Horticulture Other _____

YOUR SKILLS:

Accounting/Bookkeeping Historian/Archiving
 Creative Writing Hospitality
 Computer
 Marketing
 Design: Floral/Horticulture/Landscaping Photography/Videography
 Fundraising Public Speaking
 Grant Writing Social Media
 Graphic Design Website Design/Management

 Other _____

ARE YOU:

Life Member, NCSGC, SAR, GCNC, CHGC.
 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 _____