



Date ____ / ____ / ____

New Member Name _____

Address _____ City _____ State _____ Zip _____

Home _____ Cell _____ E-mail _____

DUES: January — August: \$45.00; September — December: \$20.00
Make check out to the Chapel Hill Garden Club
SEND TO: Amanda Watlington, 2 Aman Court, Durham, 27713

TELL US ABOUT YOURSELF:

Where are you from? How did you hear about us? Why did you come to our club?

INTERESTS:

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

YOUR SKILLS:

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

ARE YOU:

___ Member of another garden club? Where? _____
___ Life Member, NCSGC, SAR, GCNC
___ Flower Show Judge: Student, Accredited, Life, Master, Emeritus
___ Certified Landscape Designer ___ Master Landscape Design Consultant
___ Master Gardener: Where certified? _____ Active? _____
___ North Carolina Botanical Garden Member ___ 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 _____

