

Date _____ / _____ / _____

New Member Name _____
Address _____ City _____ State _____ Zip _____
Home _____ Cell _____ E-mail _____

DUES: New members joining January — August: \$45.00 (full-year membership)
for those joining --September — December: \$20.00 (partial year membership)

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:

<input type="checkbox"/> Community Service	<input type="checkbox"/> Landscape Design
<input type="checkbox"/> Floral Design Workshops/Flower Shows	<input type="checkbox"/> Youth Garden Groups
<input type="checkbox"/> Horticulture	<input type="checkbox"/> Other _____

YOUR SKILLS:

<input type="checkbox"/> Accounting/Bookkeeping	<input type="checkbox"/> Historian/Archiving
<input type="checkbox"/> Computer	<input type="checkbox"/> Hospitality
<input type="checkbox"/> Creative Writing	<input type="checkbox"/> Marketing
<input type="checkbox"/> Design: Floral/Horticulture/Landscaping	<input type="checkbox"/> Photography/Videography
<input type="checkbox"/> Fundraising/Ad Sales	<input type="checkbox"/> Public Speaking
<input type="checkbox"/> Writing	<input type="checkbox"/> Social Media
<input type="checkbox"/> Graphic Design	<input type="checkbox"/> Website Design/Management
<input type="checkbox"/> 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 _____