

Date _____ / _____ / _____

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

DUES: New members joining January — August: \$65.00 (full-year membership)
for those joining --September — December: \$29.00 (partial year membership)

Make check out to the **Chapel Hill Garden Club**

SEND TO: Chapel Hill Garden Club, PO Box 10054, Chapel Hill, NC 27515-0054

TELL US ABOUT YOURSELF:

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

INTERESTS:

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

YOUR SKILLS:

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

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 _____