

BROOKLIN GARDEN CLUB
Membership Form

Name _____

Spouse/Partner Name _____

Local Mailing Address _____

Physical Address (if P.O. Box) _____

Local Phone Number or Cell Number _____

E-Mail Address(es) _____

Winter Address & Phone (if different) _____

Please mark one of the following membership types:

- _____ Single \$35.00
- _____ Family \$55.00
- _____ Sustaining Single \$135.00
- _____ Sustaining Family \$155.00

- Would you consider making an additional donation? \$_____ Thank you!

Please enclose your check (made out to Brooklin Garden Club) with this form and mail them to:

Brooklin Garden Club
PO Box 344
Brooklin, ME 04616

- Would you be interested in joining these committees (please circle)

Community Outreach	YES _____
Provide Food for Programs	YES _____
Host an Event	YES _____
Greet Attendees at Meetings	YES _____
Programs	YES _____

- What programs would you like presented?

- Would you like to have your information published in the club directory? YES

I hereby give permission for my name and/or image to be used appropriately in published minutes, newsletters, social media, and elsewhere by the Brooklin Garden Club to promote it and its purposes.

Signature _____