

# THE BROOKLIN GARDEN CLUB MEMBERSHIP

**2021-2022**

Name: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Local Mailing Address: \_\_\_\_\_

Physical Address (if P.O. Box): \_\_\_\_\_

Local Phone Number or Cell Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Winter Address (if different): \_\_\_\_\_

Winter Phone Number: \_\_\_\_\_ and E-mail Address: \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

What year did you join the Brooklin Garden Club? \_\_\_\_\_

Would you be interested in joining these committees?

Garden Therapy	YES _____	NO _____
Hospitality	YES _____	NO _____
Membership	YES _____	NO _____
Programs	YES _____	NO _____
Grants/Scholarship	YES _____	NO _____
Community Outreach/Publicity	YES _____	NO _____

What programs would you like to see presented?

Are you interested in going on garden tours? YES \_\_\_ NO \_\_\_

If you answer is YES, what are you interested in seeing:

- BGC member's home gardens YES \_\_\_
- Gardens that have formal or structured tours YES \_\_\_
- Garden Centers or Garden Nurseries YES \_\_\_
- Are you willing to drive if a carpool is necessary? YES \_\_\_ NO \_\_\_

Would you like to have your information published in the club directory? YES \_\_\_ NO \_\_\_

The Annual Membership Fee is \$35. Please mail your check (made out to Brooklin Garden Club) together with this form to our Treasurer:

Verena Stoll  
68 Old Quarry Road  
Brooksville, ME 04617

By signing this form, you give permission for your 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 \_\_\_\_\_