



# The Clermont Garden Club, Inc.

Physical Address: 849 West Ave. Clermont, FL 34711

Mailing Address: PO Box 121322 Clermont, FL  
34712-1322

## Member Profile

I hereby request membership in The Clermont Garden Club, District VII, FFGC, NGC, DS.  
**As a Member, I will attend meetings & take an active part in the club functions.**

Name \_\_\_\_\_ Birthday Month/Day \_\_\_\_\_

Mailing Address \_\_\_\_\_

Zip Code +4 \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Residence \_\_\_\_\_

(if different than Mailing Address)

Do you live in Florida year-round? Yes / No

If No, what months are you gone? \_\_\_\_\_

Profession, Skills \_\_\_\_\_

Gardening Interests \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

### Membership runs from June 1<sup>st</sup> to May 31<sup>st</sup> / Active Single Member \$40.00

Make check payable to "Clermont Garden Club" and return profile & check to Club Membership Chairman or mail to Clermont Garden Club P.O. Box 121322 Clermont, FL 34712-1322

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#### For CGC Use

Date Paid \_\_\_\_\_ Amount Paid \_\_\_\_\_ FFGC Member form mailed \_\_\_\_\_

Type: Active \$40 \_\_\_ Associate \$48 \_\_\_ Couples \$45 \_\_\_ FFGC Life \$28 \_\_\_ Honorary \$0 \_\_\_

Copy To: President \_\_\_ Treasurer \_\_\_ Membership Chair \_\_\_

Notify: Corresponding Secretary \_\_\_ Newsletter Chair \_\_\_