



The Clermont Garden Club, Inc.

849 West Ave. Clermont, FL 34711-2139

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 1st to May 31st / Active Single Member \$55.00

Make check payable to "Clermont Garden Club" and return profile & check to Club Membership Chairman or mail to Clermont Garden Club, 849 West St, Clermont, FL 34711-2139

For CGC Use

Date Paid _____ Amount Paid _____ FFGC Member form mailed _____

Type: Active \$55 ___ Associate \$60 ___ Couples \$70 ___ FFGC Life \$43 ___ Honorary \$0 ___

Copy To: President ___ Treasurer ___ Membership Chair ___

Notify: Corresponding Secretary ___ Newsletter Chair ___ 2nd VP ___