

ROCK SPRING GARDEN CLUB 2016/17 Membership Renewal Form

Deadline MARCH 15, 2016 – mail this form and dues check to:

Anne Collins 6742 Nth 26th Street, Arlington, VA 22213 703 536 3010

1. **Name:** _____

2. Please provide any **CHANGES in address, phone, cell phone or email** here. Only one phone number will be listed. Underline the phone # to go in year book.

3. Enclosed is my **check** payable to Rock Spring Garden Club (indicate 2016/17 dues on check). Note: if you wish to change your membership status, please notify Membership Chair in writing for action by the Executive Board.

Active \$50 _____ Sustaining \$50 _____ Subscriber \$30 _____

I wish to make an additional contribution to Memorial Fund: \$_____

4. **List** all Horticultural Societies and/or Councils to which you belong – please use full name of organization:

5. Do you serve on District III, NCAGC/CAR/NGC Boards or Council boards, Virginia Federation of Garden Clubs, Inc., Piedmont District? Please specify.

6. Are you a State Life member? Yes____ No____ Are you a CAR Life Member? Yes____ No____ Are you a National Life Member? Yes____ No____

7. Do you subscribe to NGC's THE NATIONAL GARDENER? Yes____ No____

8. Please list the organizations for which YOU qualify as a JUDGE or CONSULTANT:

9. Did YOU attend any CAR, NCAGC, District III or Virginia Federation of Garden Clubs sponsored courses, events, conferences within the last year:

___ Garden Studies ___ Landscape Design School ___ Mornings of Design ___ Symposia

___ Environmental Studies ___ Flower Show School ___ Conferences & Other (list)

10. Do you have a favorite program from this past year? Please List Program topics, speakers, trips that you would like to see on our schedule. Please include names, contact numbers, email for any particular speaker and topic, if you have such information. (Use separate sheet, if necessary)

11. Please provide any suggestions, ideas, or comments you may have, positive as well as negative, about RSGC general meetings, programs, committees, publications, policies. All comments are held in strictest confidence. Your feedback is appreciated. (Use separate sheet, if necessary).

12. COMMITTEES:

Active members must **choose at least one committee**; please indicate your 1st, 2nd, and 3rd choice

- | | | |
|---|---|---|
| <input type="checkbox"/> Awards | <input type="checkbox"/> Horticulture | <input type="checkbox"/> Publications-Yearbook |
| <input type="checkbox"/> Budget | <input type="checkbox"/> Hospitality (2 People to coordinate) | |
| <input type="checkbox"/> Civic Development | <input type="checkbox"/> Information Mgmt. | <input type="checkbox"/> Publications-Gardenzette |
| <input type="checkbox"/> Conservation | <input type="checkbox"/> Invitational | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Garden of the Year | <input type="checkbox"/> Liaison | <input type="checkbox"/> Show |
| <input type="checkbox"/> Garden Therapy | <input type="checkbox"/> Membership | <input type="checkbox"/> Ways & Means |
| <input type="checkbox"/> Holiday Design Event | <input type="checkbox"/> Program | <input type="checkbox"/> Youth Activities |

Total number of committees I am willing to serve on is _____

I will serve as a Chair (or Co-Chair): Name of Committee _____

13. Liaison Committee Support – Please re-enter your name _____

14. Monthly Host Committees: Please re-enter your name: _____

All active members are required to **serve as host once during the year** at a general meeting. Indicate your 1st, 2nd, and 3rd choice of month to serve. If you cannot fulfill your host commitment in your assigned month, it is your responsibility to find a replacement.

September October November (Design Event) December (Hol. Tea)
 January February March April May June No Preference