

**Rock Spring Garden Club
Membership Application**

Name _____

Address _____

Home # _____ **Cell#** _____

Email _____

How did you learn about RSGC? _____

Background

Have you ever been in a garden club? _____Yes _____No

Do you have a garden or have gardening experience? _____Yes
_____No

**Do you enjoy arranging flowers and/or have floral design
experience?** _____Yes _____No

**Can you write or speak on gardening topics, floral design styles
or techniques?** _____Yes _____No

Interests/Experience

Any interest, talent or training in the following areas?

Flower show work (exhibiting or organizing) _____

Conservation____ **Civic Planning/Landscaping** _____

Publicity/writing____ **Business/financial skills** _____

Children/youth groups ____ **Computer skills** ____ **Graphic
design/fine arts** _____

**Club Members serve on one or two Club Committees.
Please indicate your choice from the following Club
Committees:**

**Awards Budget Civic Development Conservation Floral
Outreach Garden Therapy Horticulture Hospitality
Information Management Membership Program
Publications Publicity Senior Outreach Show
Ways & Means Youth Activities**

1st choice _____ 2nd choice _____

**Any questions about membership? Please email Membership
Chair Carolyn Barone (carolynbarone1024@gmail.com) or
email RSGC (rockspringgardenclub@gmail.com).**

**Send completed application and dues to Carolyn Barone,
638 20th St., S., Arlington, VA 22202**

For Club Use

Membership fee \$_____

Sponsors _____

Meetings attended _____

Approved by Board _____

Date of Induction _____

