

Rock Spring Garden Club Initial Application

Name:	
Address:	
Cell Number:	Home Number:
Email:	

How did you hear about RSGC?
Have you been in a garden club before?
Do you have a garden and/or gardening experience?
Do you enjoy arranging flowers and/or have flower design experience?

Members participate in one or more committees. Please indicate your choices.			
first choice of committee participation		second choice of committee participation	
<input type="checkbox"/> Awards	<input type="checkbox"/> Publications	<input type="checkbox"/> Awards	<input type="checkbox"/> Publications
<input type="checkbox"/> Community Outreach	<input type="checkbox"/> Publicity	<input type="checkbox"/> Community Outreach	<input type="checkbox"/> Publicity
<input type="checkbox"/> Floral Outreach	<input type="checkbox"/> Senior Outreach	<input type="checkbox"/> Floral Outreach	<input type="checkbox"/> Senior Outreach
<input type="checkbox"/> Garden Therapy	<input type="checkbox"/> Show	<input type="checkbox"/> Garden Therapy	<input type="checkbox"/> Show
<input type="checkbox"/> Horticulture	<input type="checkbox"/> Ways & Means	<input type="checkbox"/> Horticulture	<input type="checkbox"/> Ways & Means
<input type="checkbox"/> Hospitality	<input type="checkbox"/> Youth Activities	<input type="checkbox"/> Hospitality	<input type="checkbox"/> Youth Activities
<input type="checkbox"/> Membership	<input type="checkbox"/> No preference	<input type="checkbox"/> Membership	<input type="checkbox"/> No preference
<input type="checkbox"/> Program	<input type="checkbox"/> N/A	<input type="checkbox"/> Program	<input type="checkbox"/> N/A
Are you willing to serve on more than one committee? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Do you have any talents, training, and/or experience in the following areas?
<input type="checkbox"/> Flower Shows _____
<input type="checkbox"/> Landscaping _____
<input type="checkbox"/> Conservation _____
<input type="checkbox"/> Publicity/Writing _____
<input type="checkbox"/> Business/Finance _____
<input type="checkbox"/> Graphic Design and Fine Arts _____
<input type="checkbox"/> Working with Children _____
<input type="checkbox"/> Computer Skills _____

Are you a member or have you participated in other clubs, societies, and/or gardening organizations?

Please provide any suggestions and ideas for programs, field trips, and/or speakers with contact information (if available).

In one or two sentences, please share why you are joining a garden club?

Please list any credentials related to National Garden Club activities (i.e., Flower Show Judge, etc.).

<input type="checkbox"/> Check (payable to Rock Spring Garden Club)	<input type="checkbox"/> Zeffy	<input type="checkbox"/> Cash	<input type="checkbox"/> N/A
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I wish to make an additional contribution of (contributions above the dues amount are tax deductible): _____

Return your form with payment to the Membership Chair.

For Internal Use Only

Dates: Received _____ Approved by Board _____ Induction _____

Sponsors _____ Meetings Attended _____

Paid _____