



MEMBERSHIP APPLICATION

New Member _____ *Renewing Member* _____

Paid with Cash _____ *Paid by Check #* _____

SINGLE MEMBERSHIP (\$15.00) _____

FAMILY MEMBERSHIP (\$20.00) _____

NAME(s): _____
(Please Print)

ADDRESS: _____
(Street Name) (City) (Zip Code)

PHONE #: _____

E-MAIL ADDRESS: _____

Who referred you to the club: _____

Birthday: Month _____

Are you a Master Gardener? yes _____ no _____ (This isn't required to join) **Day** _____

What particular interests do you have in gardening? _____

Make your checks payable to: NORDONIA HILLS GARDEN CLUB

Please return or mail this form along with your payment to:

Sheryl Lemiec, NHGC Membership Chairperson, 4880 East 49th Street, Cuyahoga Hts., OH 44125