



NEW MEMBERSHIP FORM

You must be an active member for one year to mentor a new member. You may mentor one new member per year.

DATE: _____

NAME: _____

EMERGENCY CONTACT: _____

ADDRESS: _____

CITY: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ MOBILE: _____

EMAIL: _____

WINTER ADDRESS AND PHONE: _____

MONTHS AT WINTER ADDRESS: FROM _____ TO _____

DATE OF BIRTH: _____

EMPLOYMENT: NONE: ___ FULL TIME: ___ PART TIME: ___

Please check the subjects below that are of interest to the proposed member.

- Birds and Butterflies
- Civic Beautification
- Conservation/Environment/Horticulture/Nutrition
- Flower Arranging
- Youth Gardening
- Landscape Design
- Other _____

REQUIREMENTS:	YES	NO
1. Did the proposed member review the membership requirements?	___	___
2. Has one mentor been assigned?	___	___
3. Has the proposed member attended 2 general meetings or activities?	___	___

Dates attended: _____

MENTOR SIGNATURE: _____ DATE: _____

COMMENTS: _____

Please return this form to the Membership Committee Chairman.