



SHGC New Member Form

Date: _____

Please Print

Name: _____ Address: _____

City _____ ST: _____ Zip: _____ Zip + 4 _____

Home Phone: _____ Cell # _____ Email: _____

Alternate Winter Address? _____

Could you please tell us a little about your interest(s) in joining the club? Check any of the following that describe what you hope to get from being a member of the SH Garden Club:

<input type="checkbox"/> Become a better gardener	<input type="checkbox"/> Other *
<input type="checkbox"/> Social activities with other members	<input type="checkbox"/> Share your life skills with the club *
<input type="checkbox"/> Volunteer for community projects	<input type="checkbox"/> Become active in club management
<input type="checkbox"/> Attend advanced educational programs	<input type="checkbox"/> Attend field trips / workshops

PLEASE NOTE:

1. **Privacy:** Your name, address and contact information will appear in the Member Only Section of our SHGC Website, as well as in our Annual Membership Directory. Both publications are private and **strictly for use by our members.**

I agree to have the above information published in our SHGC Publications:

YES ☐ NO ☐ If No, what may we publish?

2. All Club notifications and E-Newsletter will be sent to your Email address. Yes ☐ No ☐

3. **Dues** are due in June. We will begin collecting dues starting March 1 until June 1. Single person membership is \$25. Partner/Spouse membership is an additional \$10 – total \$35 for two in same household. If you join after 6 months into the year, between January – March your dues will be \$13 single and \$18 for couple living in same household until the following June when a new year of membership will begin again.

4. **Send this SHGC New Member Form & Dues to South Haven Garden Club, P.O. Box 464 South Haven, MI 49090 or bring this SHGC New Member Form & Dues to the next monthly meeting – 2nd Monday of the Month at the First Congregational Church 651 Phoenix St, South Haven, MI.**

I, _____ (print name), being over 18 years of age, hereby grant the above-listed organizations, the right to use the information described below, without compensation, on our websites and in any publication or written material _____ (Date)

I understand that the above-listed organizations will use my information, submitted text, and my likeness only for educational, informational and/or promotional purposes. I hereby agree to hold the above-listed organizations, their licensees and affiliates harmless from any liability resulting from my statements and action depicted or described in the information, text and graphic representations.

Office Use: DUES: Amount \$ _____ Cash ☐ Check # _____ Online ☐