PORT ANGELES GARDEN CLUB NEW MEMBER APPLICATION

Name:			
	Nickname:		
	Spouse Name:		
	_		
Address:			
Phone Number:			
Email Address:			
Emorganov Contact			
Emergency Contact:	Name:		
	Phone Number:		
	Filone Number.		
Birthdate:			
Difficulties.			
Special Interests:			
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Annual dues are \$35 (July throught June)			
and prorated to \$17.50 starting January 1st.			
Due	es will be collected	in May for the following	year.
Please fill out this	form and bring to t	he next Port Angeles Ga	rden Club meeting.
We meet the 3rd Monday of every month at the			
Port Angeles Community Center, 328 East 7th Street			
		nation please contact	
Teresa Ma	rtin @ (360)452-63	349 or email dmauseth@	yahoo.com
for more club info	rmation visit our we	ebsite at http://portangele	esgardenclub.org/
			updated 2022
for office was			
for office use:	Date:		
	Dale Dues:		
	<i>Dues.</i> _	cash/credit/check	
	Yearbook:	Sacrif of Salb Officer	
	Photo taken:		
	l etter:		