



MEMBERSHIP REGISTRATION

Annual Membership
July 1 – June 30

Type of Membership

New Renewal Individual - \$30 Couple/Family - \$50

Member Information

Name _____ Birthday (MM/DD) ____ / ____

Address _____ Zip _____

Email Address _____

Phone (H) _____ (C) _____

Additional Names on Membership:

Name _____ Birthday (MM/DD) ____ / ____

Email Address _____

Phone (C) _____

Additional member information is listed on the back of this form

Name Badge Order - \$7 Each

Name: _____ Name: _____

Payment

Membership Dues \$ _____

Name Badge(s) Quantity _____

Check No. _____ Amount Paid \$ _____

Mail this form and your check payment to:

Membership
Fallbrook Garden Club
P.O. Box 1702
Fallbrook, CA 92088-1702

Visit us at www.fallbrookgardenclub.org
Contact us at fallbrookgardenclub@gmail.com