



MEMBERSHIP REGISTRATION

Annual Membership - July 1 to June 30

Date: _____

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

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: (Specify magnet or pin)

Name: _____ Magnet Pin

Name: _____ Magnet Pin

Payment:

Annual Dues: \$ _____

Name Badges (\$8.00) \$ _____

Check No. _____ Amount Paid: \$ _____

Mail this form and your check payment to:

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

For additional information, contact the Membership Team
Marie Waller at waller1397@comcast.net or Diane Trappen at stahlidt@gmail.com
Visit us at www.fallbrookgardenclub.org