

 *The Acton Garden Club, Inc.* 

Membership Application
Acton Garden Club Web Page: <http://www.ActonGardenClub.org>

Name _____ Spouse's Name _____

Address _____

Telephone # _____ Cell Phone # (to be used only in case of emergencies) _____

E-Mail _____

I would like to receive electronic notification of any proposed Bylaw amendments and voting (if necessary).

Membership in the Acton Garden Club requires the following commitment:

- *Working four times a year on one of the Community Service Projects
 - *Serving on a Hospitality Committee at one monthly meeting per year
 - *Participating in the Club's annual plant sale fund raiser in May
 - *Annual Dues of \$30.00
- (The Acton Garden Club recommends attending four monthly meetings per year)

Community Service Projects:

(Please number in order of preference)

- ___ Acton Arboretum Herb Garden, *Main Street and Taylor Road*
- ___ Civic Beautification
- ___ Daffodil Run - Meeting House Hill, *Main Street and Nagog Hill Road*
- ___ Wildflower Garden - Meeting House Hill, *Main Street and Nagog Hill Road*
- ___ Garden Therapy-Emerson Hospital (Thursday's 2:00pm), *Route 2, Concord*

The Community Services Coordinator will contact you regarding participation on one of the above committees. The Hospitality Chairman will contact you about serving on a Hospitality Committee.

Are you interested in learning more about the Horticulture Study Group? _____

Are you interested in learning more about the Floral Design Study Group? _____

Are you interested in learning about our Gardening With Young People Program? _____

Skills or Interests you could share with the Club? _____
(Word Processing, Finance, Photography, Art Work, Flower Arranging, Handcrafts, etc.)

I understand that as a member of the Acton Garden Club, I will fulfill my obligations as stated above.

Signed _____ Date _____

Please mail to: Gena Manalan, 7 Kelley Road, Acton, MA 01720