Name	Spouse's Name
Address	
Telephone #	Cell Phone # (to be used only in case of emergencies)
E-Mail	
	ctronic notification of any proposed Bylaw amendments and voting (if necessary). Garden Club requires the following commitment:
*Working four time	es a year on one of the four Community Service Projects
	itality Committee at one monthly meeting per year
*Participating in th	e Club's annual plant sale fund raiser in May
*Annual Dues of \$.	
(The Acton Garden	Club recommends attending four monthly meetings per year)
Community Service Project	
(Please number in order of p	weference)
Acton Arboretum Herb	Garden, Main Street and Taylor Road
Civic Beautification	
	House Hill, Main Street and Nagog Hill Road
Wildflower Garden - Me	eting House Hill, Main Street and Nagog Hill Road
he Community Services Coor	dinator will contact you regarding participation on one of the above committees.
he Hospitality Chairman will	contact you about serving on a Hospitality Committee.
Are you interested in learnin	g more about the Horticulture Study Group?
	g more about the Floral Design Study Group?
Are you interested in learnin	g more about Gardening with Young People?
Are you interested in learnin	g more about Garden Therapy-Emerson Hospital?
notography, Flower Arranging, H	hare with the Club? (Technical Skills, Web Design, Graphic Design, Writing, Financ
lower Arranging, n	

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

I also understand that by participating in the activities of the Acton Garden Club, I consent to the use of my image in publicity and publications related to the Club and release the Acton Garden Club from any claims that may arise from the use of these photos.

Signed_

__ Date___