



The Clermont Garden Club, Inc.
849 West Ave. / PO Box 121322
Clermont, Fl. 34712-1322

Member Profile

I hereby request membership in The Clermont Garden Club, District VII, & Florida Federation of Garden Clubs. As a Member, I will attend meetings & take an active part in the club functions.

Name _____ **Birthday Month/Day** _____

Mailing Address _____

Residence _____

Phone # Home _____ **Cell#** _____

Do you live in Florida year round? Yes / No

If No, What months are you gone? _____

Do you want the Florida Gardner Magazine mailed to your alternate summer or winter address? Yes / No

Alternate address _____

Email address _____

Profession, Skills _____

Date _____ **Signature** _____

Membership runs from June 1st to May 31st / Active Single Member \$40.00

Make check payable to "Clermont Garden Club" and return profile & check to Club Membership Chairman or mail to Clermont Garden Club P.O. Box 121322 Clermont, Fl. 34712-1322

Date Paid _____ Amount Paid _____ FFGC Member form mailed _____ CGC Tag Printed _____

Type: Active _____ Associate _____ Honorary _____ Life _____ Other _____

Copy To: President, Treasurer /Membership Chair _____

Notify: Corresponding Secretary & Newsletter Chair _____