# SANDWICH GARDEN CLUB APPLICATION

FIRST NAME _____ LAST NAME _____

STREET/PO BOX _____ CITY _____ ZIP _____

EMAIL _____ PHONE (Primary) _____

PHONE (Secondary) _____

**May we share your contact information with our active members?** **Yes**_____ **No**_____

Membership Dues (check one): INDIVIDUAL $20 _____ FAMILY $30 _____

Please submit and make checks payable to: **Sandwich Garden Club**
**P. O. Box 1731**
**Sandwich, MA 02563**

All Club correspondence is sent via email. ***If you do not have email access, please check here*** _____

The Sandwich Garden Club exists exclusively for charitable and educational purposes. Our objective is to advance and encourage the art of gardening and horticulture study with a directive of faithful conservation in keeping with the natural resources of Cape Cod. By signing this membership application, you agree to uphold the Clubs objectives and to abide by the Clubs by-laws.

SIGNATURE_____ DATE_____

*ALL MEMBERS MUST WORK ON AND CONTRIBUTE TO THE ANNUAL PLANT SALE.*
MEMBERS MUST CONTRIBUTE ENOUGH PLANTS TO EQUAL $50.0 IN SALES ***OR*** GIVE A $50.00 CASH CONTRIBUTION.

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**COMMITTEE SIGN UP**

All members are asked to serve on one or more of our committees (if possible). Committee involvement is the lifeblood of our club, and is the engine that drives it. Please indicate your choice below.

_____HOSPITALITY _____CIVIC _____PROGRAMS

_____HORTICULTURE TABLE _____PLANT SALE _____HYDRANGEA FESTIVAL (SGC Garden Tour)

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**OFFICE USE:**

**Date Rcv'd:** _____ **Amt.:** _____ **Cash:** _____ **Check#:** _____

**R**____ **E** ____ **C** ____ **H** ____ **N** ____ **I**_____ **A** ____

**(REVISED 2021)**