

GARDENERS OF FLORISSANT

Membership Application

Name _____

Birthday _____ / _____
month day

Spouse _____

Birthday _____ / _____
month day

Address _____

City _____

State _____

Zip _____

Phone No. (____) _____

Email _____

Wedding Anniversary: _____ / _____ / _____
month day year

Special Gardening Interests: (Check those that apply)

Flowers _____ Annuals _____ Perennials _____ Vegetables _____

Herbs _____ Lawn _____ Rock Garden _____ Water Garden _____

Others _____

Would you like to receive the monthly newsletter "The Compost" via email?

YES NO

Annual dues: individual=\$10.00; family=\$15.00

Please print this application (PDF), fill it out, and send with check (to Gardeners of Florissant) to secretary:

Betsy Gamma
2320 Saint Catherine
Florissant, MO 63033