

GARDENERS OF FLORISSANT

Membership Application

Name _____

Birthday _____ / _____
month day

Spouse _____

Birthday _____ / _____
month day

Address _____

City _____

State _____

Zip _____

Phone No. (____) _____

Email _____

Wedding Anniversary: _____ / _____ / _____ (opt.)
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
PO Box 2742
Florissant, MO 63032