



Membership Application Form*

First Name: _____

Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Summer Address (Optional and if different from above)

Street Address: _____

City: _____ State: _____ Zip Code: _____

If you are interested in joining please submit the completed application form with the annual membership dues of \$15.00 (individual) or \$25.00 (family). Please make check payable to The Family Garden Club of Englewood. The completed application form may be brought to a meeting or mailed to:

Mr. Jim Chandler
529 Boundary Boulevard
Rotonda West, FL 33947