



Membership Application

First Name: _____ Last Name: _____

Address: _____

Phone Number: Home _____ Cell: _____

Email: _____

Birthday: _____

SPOUSAL INFORMATION (IF APPLICABLE)

First Name: _____ Last Name: _____

EMERGENCY CONTACT: Name _____ Phone _____

AREAS OF INTEREST (CHECK ALL THAT APPLY):

_____ Hands-on (garden maintenance)	_____ Hospitality (food planning & prep for events)
_____ Technology	_____ Social Media
_____ Member Mentoring	_____ Junior Garden Club
_____ Program Planning	_____ Fund Raising
_____ Other (define) _____	

CERTIFICATIONS/TRAINING (e.g. Master Gardener, etc)

AVAILABILITY TO ATTEND MEETINGS

_____ Morning _____ Evening _____ Both

Any days you are not available _____

AVAILABILITY TO HELP IN THE GARDENS

_____ Morning _____ Evening _____ Both

Any days you are not available _____

Mail application with check for dues of \$30 payable to Pleasant Ridge Garden Club to
23925 Woodward Avenue, Pleasant Ridge MI 48069

For more information, visit www.pleasantridgegardenclub.org or contact Barbara Bolz, Membership Chair at Barbbolz71@gmail.com or 313.657.2238