



Name: _____

Address: _____

Telephone: _____

Email: _____

Dues: _____ \$25.00 Family: _____ \$35.00 Donation: _____

Do you give Alpine Garden Club permission to post your picture on their Website, Facebook or in the Community Newspaper?

Circle YES or NO _____

Initial

Do you give permission for other AGC members to have your contact information?

Circle YES or NO _____

Initial

By signing and dating this Membership Form you are acknowledging your membership with Alpine Garden Club and the permissions you have approved.

Signature

Print name

Date

Member Since _____

Print, fill in form make check for membership amount checked. Make check out to Alpine Garden Club and mail to:

Alpine Garden Club,
P.O. Box 273
Alpine Ca, 91903

You may also bring all to next meeting instead of mailing!

Website: alpinegardenclub.org

Facebook Page: Alpine Garden Club