



NEW CLUB MEMBERSHIP APPLICATION

NAME OF GARDEN CLUB _____

City _____ District _____

CLUB PRESIDENT _____ Phone _____

Address _____ 7-digit zip _____

Email _____

CLUB SECRETARY _____ Phone _____

Address _____ 7-digit zip _____

Email _____

CLUB INFORMATION

Meetings: Day _____ Time _____ Place _____

Have you adopted bylaws? YES _____ NO _____ Number of Members _____

MAKE FOUR (4) COPIES:

One copy to District (assigned by location).

Include membership roster with contact information. A separate check with District fees should be attached, according to District requirements.

One copy to State Treasurer:

Make check payable to The Oregon State Federation of Garden Clubs, Inc. Mail with a copy of the membership roster and contact information to: **Margaret Taylor, PO Box 81, Hood River OR, 97301**
(margaret.taylor4343@gmail.com or 541.490.9089)

One copy to OSFGC Membership Chairman: Cheryl Drumheller, 2516 Ash St., North Bend OR

(mscrdrumheller@msn.com or 541.808.7371).

One copy retained for Club records.

OSFGC DUES

Admission fee, per club \$10.00

Per Capita dues \$3.00 x _____ members = _____

Total amount enclosed _____

Application date: _____

Acceptance date: _____

OSFGC President _____

Membership Chairman: _____

District Director: _____

SIGNED:

_____ Club President

_____ Club Secretary