



New Membership Application

First Name: _____ Last Name: _____

Address: _____

City: _____ Zip Code (Nine digits, please) _____ - _____

Email: _____

Home Phone: _____ Cell Phone: _____

Garden Club Name: Garden Club of Indian River County, Inc. District: X (10)

Circle Name: _____

Who can we thank for referring you to the Garden Club? _____

GCIRC YEARLY DUES & 1/2 YEAR DUES

Circle's Dues	\$ _____
GCIRC Regular-Full Year June 1 to May 31 @ \$65	\$ _____
GCIRC Family Member - Full Year June 1 to May 31 @ \$90	\$ _____
GCIRC Single Member -1/2 Year – Jan.1 to May 31 @ \$37.50	\$ _____
Total due to Circle – please make check out to your circle	\$ _____

Brand new members, bring this completed form and payment to your circle meeting.

Circle leaders, please return to GCIRC Treasurer with circle's check for new members. Treasurer will make copies to be forwarded to the Yearbook Chairman and to the Vice President, and to FFGC. Be sure to make a copy for your circle files.