

Garden Club of Ramsey County Membership Form

The membership year for the Garden Club of Ramsey County (GCRC) begins January 1 and ends December 31. New members joining the club after our New Member Picnic will have their dues applied to the following membership year. Membership in the Minnesota State Horticultural Society (MSHS) is an option with GCRC membership, and includes receipt of The Northern Gardener, the MSHS award-winning magazine, along with many other benefits.

Date: _____

Membership Status: (circle one) **New** **Renewal**

Membership Type: (circle one)

Individual \$12 Dual \$17

GCRC / MSHS affiliate members can now sign up directly with MSHS. Rates and benefits remain the same. Go to the MSHS website, <https://northerngardener.org/membership/>. Join under "Affiliated Memberships", or call MSHS at 651-643-3601.

PLEASE COMPLETE EACH SECTION OF THIS FORM. PLEASE PRINT

1. Name: _____

Mailing address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: include the one telephone number you'd like listed in the GCRC Directory

(circle type) Cell Home Work () _____

Email address: _____

2. If dual membership, other member's name: _____

(circle type) Cell Home Work () _____ Email address: _____

Would you prefer to receive monthly meeting reminders by telephone or through email? Choose one: **phone** **email**

3. Committees: The following committees need several members to perform their duties. Please circle committees in which you would like to participate. Committee descriptions are in the Club directory.

- | | | |
|-----------------------|----------------------|-------------------|
| a. Bake, Harvest Sale | c. Hospitality | e. Plant Sale |
| b. Garden Party | d. New Member Picnic | f. Public Gardens |

4. Hosting Opportunities:

Would you like more information on hosting one of the summer outdoor picnics? (The committees handle all arrangements.)

- | | | |
|-----------------------|------------|-----------|
| a. New Members Picnic | Yes | No |
| b. Garden Party | Yes | No |

5. Tell Us About Yourself:

- | | | | | |
|--|---|---------------------------------|-----------|-------------------|
| a. Garden Mentoring: | Would you like to have a mentor for a season? | Yes | No | |
| | Would you like to be a mentor for a season? | Yes | No | |
| b. County if Master Gardener | _____ | Are you a Certified Show Judge? | | Y N |
| c. If you are a professional gardener or designer, what is your garden enterprise called, or with what company are you employed? | _____ | | | |

6. Make your check payable to GCRC and mail with this form to:

Susan Klevan, Treasurer, 1470 E Shore Drive, Saint Paul, MN 55106

Office use only: Check # Cash Amount Paid: Date Processed: