



WELLINGTON GARDEN CLUB
RENEWAL FORM
2020-2021



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RENEWAL FORM
2020-2021

Today's date _____

Today's date _____

Please print clearly (circle) Ms. Mrs. Mr. Dr.

Please print clearly (circle) Ms. Mrs. Mr. Dr.

Name _____

Name _____

Address _____

Address _____

Phone (h) _____

Phone (h) _____

Phone (c) _____

Phone (c) _____

Email _____

Email _____

Birthday _____

Birthday _____

(circle) Ms. Mrs. Mr. Dr.

(circle) Ms. Mrs. Mr. Dr.

Spouse/Partner _____

Spouse/Partner _____

Seasonal Address other than above:

Seasonal Address other than above:

Dues payable in: () cash () check & ck.no. _____

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- Annual: () \$45 single () \$65 couple)
- Partial year: Jan. through March
() \$12.50 single () \$15 couple

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- Partial year: Jan. through March
() \$12.50 single () \$15 couple

Payable to 'Wellington Garden Club' and given or mailed to:

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Barbara Rickson, Member Data Mgr.
 13572 Exotica Lane
 Wellington, FL 33414-8103
 Email: ricksen3@bellsouth.net
 Phone: 561-312-5959

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Membership requirements include participation and support for various club activities.

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Applicant's signature _____

Applicant's signature _____