



**Wellington Garden Club
Renewal Form
2024-2025 (Rev. 9/17/24)**



**Wellington Garden Club
Renewal Form
2024-2025 (Rev. 9/17/24)**

Today's date _____

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

Name _____

Address _____

Phone (h) _____

Phone (c) _____

Email _____

Birthday _____

(circle) Ms. Mrs. Mr. Dr.

Spouse/Partner _____

Seasonal Address other than above:

Today's date _____

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

Name _____

Address _____

Phone (h) _____

Phone (c) _____

Email _____

Birthday _____

(circle) Ms. Mrs. Mr. Dr.

Spouse/Partner _____

Seasonal Address other than above:

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

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

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

Margaret Tamsberg
121 Sulky Way
Wellington, FL. 33414
Tamsberg@bellsouth.net
561-798-3648

Membership requirements include participation and support for various club activities.

Applicant's signature _____

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