



**The Garden Club of Georgia, Inc.
Plant Society & Affiliate Membership Application**

Plant Society/
Affiliate Name: _____

Mailing Address: _____

City, State, Zip: _____ County: _____

Year Founded: _____ Number of Members: _____

President's Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ E-mail: _____

Treasurer's Name: _____

Phone: _____ E-mail: _____

Please complete this application and mail to the below address along with your \$25.00 dues by March 1:
Make checks out to **The Garden Club of Georgia** and mail:

Kathy Shiner
135 Granny Mac's View
Talking Rock, GA 30175
email ksecret0127@gmail.com