



The Friendly Garden Club of Traverse City

ASSOCIATE MEMBERSHIP APPLICATION

Members who have served in an active capacity for ten or more years but are now unable to meet attendance requirements due to physical disability, employment, or family obligations may request they be granted associate membership status.

An Associate Member must meet all club obligations except for meeting attendance and their dues will be \$25 per year.

NAME OF MEMBER _____

Reason for Associate Membership

If reason for Associate Membership ends, you must return to general membership.

Member Signature _____ Date _____

Approved _____

Denied _____

Please return this form to the membership chairman.



The Friendly Garden Club of Traverse City

TEMPORARY ASSOCIATE MEMBERSHIP APPLICATION

Temporary Associate Membership is limited to two years. If a Temporary Associate Member has to resign at the end of two years because club meeting requirements cannot be met, a request to become active at a later date will have preference over new member applications.

A Temporary Associate Member must meet all club obligations except for meeting attendance and their dues will be \$25 per year.

NAME OF MEMBER _____

Reason for Temporary Associate Membership

If reason for Temporary Associate Membership ends, you must return to general membership.

Member Signature _____ Date _____

Approved _____

Denied _____

Please return this form to the membership chairman.



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NEW MEMBER RECOMMENDATION

You must be an active member for one year to sponsor a new member. Then you may sponsor one new member per year.

Name _____

Husband's name (Optional) _____

Address _____

City _____ Zip _____ - _____

Hm Phone _____ Wk Phone _____ Mobile _____

E-Mail _____

Winter Address _____

Winter Phone _____

Months at Winter Address from _____ to _____

Please check the subjects below that are of interest to proposed member.

- | | |
|---|---|
| <input type="checkbox"/> Birds & Butterflies | <input type="checkbox"/> Junior Gardening |
| <input type="checkbox"/> Civic Beautification | <input type="checkbox"/> Landscape Design |
| <input type="checkbox"/> Conservation/Environment | <input type="checkbox"/> Horticulture & Nutrition |
| <input type="checkbox"/> Flower Arranging | <input type="checkbox"/> Other |

REQUIREMENTS:

Yes No

- | | | |
|---|--------------------------|--------------------------|
| 1. Did the proposed member review the membership requirements? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have the two sponsors shared membership expectations & club history with member? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the proposed member attended two general meetings? | <input type="checkbox"/> | <input type="checkbox"/> |

Dates attended _____

Employment: None Full Time Part Time

Comments: _____

Sponsor's Signatures:

1. _____ 2. _____

Date _____ Date _____

Please return this form to the membership chairman.