

WGC MEMBERSHIP APPLICATION

Join Us!

Print and complete this form, then mail it along with your payment for annual dues.

Enter your name and contact information as you would like it to appear in the WGC Membership Directory.

Name: _____

Address: _____

Phone: _____ Land: _____ Cell: _____

Email: _____

~ Annual Membership Expectations ~

*to attend meetings - support WGC civic beautification and fund-raising projects
serve on Club committees - contribute to hospitality - conform to Club bylaws.*

Annual membership: \$30.00

Membership year: April 1 thru March 31.

I am enclosing a check for annual dues payable to: **Williamstown Garden Club** \$_____

I am including an additional donation of: \$_____

Date: _____

Send application and check to:

Williamstown Garden Club

P.O. Box 634

Williamstown, MA 01267

Questions?

Please contact us by phone, email or through the website.

Membership Chairman: