



MEMBERSHIP FORM

I wish to join the Bellefonte Garden Club and be considered an official member.

The annual dues are \$5.00.

REQUIRED INFORMATION

Name _____

Address _____

City, State, Zip Code _____

Telephone _____

Cell Phone _____

Email Address _____

Please mail the completed form along with a check for \$5.00

Make check payable to Bellefonte Garden Club and mail to:

Bellefonte Garden Club
P.O. Box 221
Bellefonte, PA 16823