



The Spade & Trowel Garden Club

P.O. Box 1544
Seaford, Delaware 19973 5544

Membership Application

Name: _____

Address: _____

Phone No: _____(Home) _____(Cell)

E-Mail Address: _____

Spouse/Significant Other: _____

Birthday: (mm/dd): _____

Name to appear on your pin (e.g., nickname): _____

Gardening Interests, (e.g., Horticulture, Design, Vegetable Gardening,
Landscape, Native Plants, etc.): _____

Sponsor(s): _____

I, _____ do hereby pledge to be an active member of
The Spade & Trowel Garden Club.

We have many Garden Club projects in which we look forward to your participation. We expect all members to participate in our major projects, e.g., the Greens Sale work-shop. Please read and follow the By-Laws of our Club. These can be found in the Membership Directory. Before joining you must attend two club meetings and/or workshops.

Signature: _____ Date: _____

Dues: \$25 (Submit with application)

Make checks payable to: The Spade & Trowel Garden Club

Give to: Carol Johnson, Membership Chair

Mail to: 30664 River Road
Laurel, DE 19956-3224

To be completed by Membership Chairperson Only.		
Dues Paid	Yes	No

Call: (C) 301-639-2942 or e-Mail cgjohnson411@gmail.com