

RIVER FALLS GARDEN CLUB MEMBERSHIP FORM • 2020

Membership Year: **2020**

First Name _____ Last Name _____

Phone _____

Address _____

Paid This Year _____

City _____ State _____ Zip _____

Date Paid _____

e-Mail _____

Pmt Type **Ck #** _____

Notes:

Please pay by Check to RF Garden Club

Assist with:

Plant Sale	Bring Treats	Garden project	Other *
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Other:

Annual. (\$10)

Annual 65+ (\$5)

Lifetime. (\$200)

Lifetime 65+ (\$50)

Lifetime

Start year

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MAILING PREFERENCE: U.S. POST EMAIL (DEFAULT)

BRING TO MEETING, OR MAIL FORM AND CHECK TO:

Mae Wolfe, 1398 Halo Drive,
River Falls, WI 54022