



WINTER PARK
GARDEN CLUB
Est. 1922

2020-2021 Membership Form

Name: _____
(First) (Middle) (Last) (Spouse)

Street Address: _____

City: _____ State: _____ Zip+4: _____ - _____

Phone: _____ / _____
(Home) (Cell)

E-Mail: _____

Birthday: _____ (year not needed)

Emergency Contact: _____
(Name) (Phone)

Reason(s) for Joining:

Areas of Interest

- Conservation, Wildlife
- Environmental Concerns
- Floral Design
- Fundraising
- Horticulture
- Landscape Design

Photo Release Authorization

On occasion, reporters and guests will visit our events and because we love to show off the wonderful things we do, we are asking your permission to include you in our promotions including our social media and website pages. By signing below, you will voluntarily grant the Winter Park Garden Club, its successors and/or assigns the perpetual and unrestricted right in and to use of your name, photograph, likeness, work, and/or your voice for the purpose promoting the Winter Park Garden Club.

_____ Opt Out
(Signature) (Date)

Include check for \$35(first time) or \$25(renewing) payable to: **Winter Park Garden Club**
and mail to: Winter Park Garden Club, P.O. Box 272, Winter Park, FL 32790-0272

To be completed by Membership VP: Membership Activation Date: _____ Check #: _____
Date Given: WPGC Yearbook: _____ Name tag _____