



WINTER PARK
GARDEN CLUB
Est. 1922

WPGC Membership Form

(First) (Middle) (Last) (Spouse)

Street Address: _____

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

Phone: _____ / _____
(Home) (Cell)

E-Mail: _____

Birthday: _____ (year optional)

How did you hear about the WPGC? _____

Emergency Contact: _____
(Name) (Phone)

- Are you transferring from another FFGC club? Yes ___ No ___
- If so, which club? _____
- Do you belong to more than one FFGC club? Yes ___ No ___
- If so, which is the primary club? _____ District _____
- Which is the secondary club? _____ District _____

What are your 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 to use of your name, photograph, likeness, for the purpose promoting the Winter Park Garden Club

_____ Opt Out

(Signature) (Date)

Include check for \$35.00 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 _____