

DISTRICT # ANNUAL MEETING
Theme if you have one
THE GARDEN CLUB OF NORTH CAROLINA, INC.
Location
Address
City Zip Code
Date

Details of Meeting: Speaker, Demonstration, Club President Reports, Vendors, etc.

Meeting Schedule: Registration from time to time

Driving directions to meeting location.

Please complete the below form, attach your check made payable to _____
and mail before **Date** to:

Registrar
Address
City Zip Code

Any questions regarding registration, call **who** at **phone number**
or email **email address**

NAME _____

PHONE _____ EMAIL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DISTRICT # _____ GARDEN CLUB _____

Please check all that apply:

- | | | |
|---|---|--|
| <input type="checkbox"/> National Officer | <input type="checkbox"/> Board of Governors | <input type="checkbox"/> Club President |
| <input type="checkbox"/> NGC Board Member | <input type="checkbox"/> State Officer | <input type="checkbox"/> State Chairperson |
| <input type="checkbox"/> District Director | <input type="checkbox"/> State Life Member | <input type="checkbox"/> Flower Show Judge |
| <input type="checkbox"/> District Vice Director | <input type="checkbox"/> SAR Life Member | <input type="checkbox"/> Garden Study Consultant |
| <input type="checkbox"/> Past State President | <input type="checkbox"/> National Life Member | <input type="checkbox"/> Landscape Design Consultant |
| <input type="checkbox"/> Trustee | <input type="checkbox"/> Council President | <input type="checkbox"/> Environmental Consultant |
| <input type="checkbox"/> Club Member | <input type="checkbox"/> Youth Club Leader | <input type="checkbox"/> Guest(not a member of GCNC) |

Registration Fees Must Be Paid By All Attendees

Day, Date

Registration Fee with Lunch

\$Cost each

Enclosed Amount \$ _____

Guest: _____

Medical dietary allergies: _____