



THE GARDEN CLUB OF NORTH CAROLINA, INC.
NEW CLUB APPLICATION

DATE: _____

Mail three copies of the application form to the **District Director**. District Director will keep one copy and forward two copies to the Membership Chairman.

Include a list of all members with names, addresses, phone numbers.

Indicate president and treasurer.

Include a check, made out to GCNC for relevant amount.

\$5.00 application fee

\$8.00 per member

NUMBER OF MEMBERS: _____

TOTAL AMOUNT INCLOSED: _____

DISTRICT: _____ DISTRICT DIRECTOR: _____

NAME OF CLUB: _____

PRESIDENT: _____

ADDRESS: _____

CITY: _____ ZIP: _____

PHONE: _____ EMAIL: _____

SPONSOR CLUB: _____

PRESIDENT: _____ PHONE: _____

PRESIDENT SIGNATURE: _____

DISTRICT DIRECTOR SIGNATURE: _____

MEMBERSHIP CHAIRMAN SIGNATURE: _____

Revised 2010

