# Contact information (please print)

|  |  |  |
| --- | --- | --- |
|  | Member Information | If This is a Family Membership:  Second Family Member Information |
| Name |  |  |
| Street address |  |  |
| City, State, ZIP code |  |  |
| Home phone |  |  |
| Cell phone |  |  |
| Email address |  |  |

# Volunteer Opportunities: Which of the following interest you?

|  |  |  |
| --- | --- | --- |
| You | Family  member |  |
| o | o | May Market |
| o | o | Wreath Workshop |
| o | o | A Day in Old New Castle: Opening Your Garden |
| o | o | Planning Garden Education Programs |
| o | o | Hospitality (meeting refreshments) |
| o | o | Publicity |
| o | o | Other: |

* I’d like an Arasapha Garden Mentor to schedule a one-hour visit for advice on my garden.

# Payment

Joining between Oct. 1 and Dec. 31? Your dues will be considered paid through the following calendar year.

Annual Dues: o $45 Individual or o $60 Family or o $5 Student with current valid ID Annual Dues: \_\_\_\_\_\_\_\_\_

Please consider an additional tax-deductible gift of:

o $15 o $55 o $100 o Other $\_\_\_\_\_\_\_\_ Additional Gift: \_\_\_\_\_\_\_\_\_

Total: \_\_\_\_\_\_\_\_\_

Pay by check or credit card. If using a credit card, please provide the following:

Name on credit card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount charged: $\_\_\_\_\_\_\_\_\_

Card number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration date: \_\_\_\_\_\_\_\_\_\_

Billing zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3-digit security code: \_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Mail This Completed Form with Payment to:

Arasapha Garden Club

P.O. Box 185

New Castle DE 19720

If paying by credit card, you can scan and e-mail this to ArasaphaGarden@gmail.com