



Oregon State Federation of Garden Clubs, Inc

NEW CLUB MEMBERSHIP APPLICATION

Name of Garden Club: _____

City: _____ District: _____

Club President: _____

Address: _____ City & State: _____ Zip (+4): _____

Phone: _____ Email: _____

Club Secretary: _____

Address: _____ City & State: _____ Zip (+4): _____

Phone: _____ Email: _____

Club Meeting Information

Day of the week: _____ Time: _____ Place: _____

Have you adopted bylaws? Yes ___ No ___ Number of members: _____

Make 4 copies

1. One copy: Send to your designated District

Include membership roster with contact information for each member. A separate check with District fees should be attached, and made payable to your designated District.

2. One copy to the OSFGC State Treasurer

Make 1 check payable to OSFGC, Inc. Mail check along with the name and contact information of your treasurer to:

Karen Brown
5211 Salmon River Hwy---Otis, OR 97368-9780
541.994.2953---wkbrown@embarqmail.com

3. One copy to the OSFGC Membership Chair

Mail a copy of this form and your Club's membership roster and contact information of each member to:

Rebecca Cook
44475 Aeolian Way---Neskowin, OR 97149-9700
503.298.8742---seastudio06@yahoo.com

4. One copy-Retained for your Club's records

OSFGC Dues

Admission fee, per club	\$10
Per Capita dues: \$5 x # of members	\$ _____
Total amount enclosed: \$	_____

Application Date: _____

Acceptance Date: _____

OSFGC President: _____

Membership Chair: _____

District Director: _____

Signatures Required

Club President: _____ Date: _____

Club Secretary: _____ Date: _____