

MOUNT LAUREL GARDEN CLUB

P.O. Box 21
Mount Laurel, NJ 08054
www.mtlaurelgardenclub.com

Name:

Date:

E-Mail:

Address:

Home Phone:

Cell Phone:

Birthdate:

Do You Work? (Yes:___ / No: ___) (Full Time: ___ Part Time: ___)

How did you hear about the Mount Laurel Garden Club?

Have you previously been a member of any other garden club?

(If yes, please specify which club: _____)

Have you ever attended a meeting or event sponsored by MLGC?

(Yes:___ / No: ___)

**Are you able to attend the monthly (Sept - May) MLGC general meetings on the
3rd Monday of each month at 11:00 am?**

(Yes:___ / No: ___)

Please share any relevant personal details you think might be relevant to the activities
of the club: (*horticulture design, landscape design, floral design, computer skills, etc*)

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More Information:

- Annual dues: \$35
- Inactive dues: \$45

**** Each member must participate in THREE (3) COMMITTEES:**

Physical – (Planting & Weeding)

- Mount Laurel Library
- Mount Laurel Parks Enhancement
- Alice Paul Butterfly Garden
- Paws Garden
- 9/11 Memorial Site
- Veterans Memorial

Fund Raising Events:

- November Fashion Show Luncheon
- MLGC Plant Sale - (*Mount Laurel Library*)

Decorating Events:

- Smithville Mansion Holiday Decorating
- Farmers Hall Holiday Decorating
- Morven Museum Holiday Decorating

Other Events:

- Arbor Day
- Scholarship Committee
- June Scholarship Luncheon

- Christmas Wreath Making Committee ***All Members***
- New Membership Committee – (*our buddy-system to welcome new members*)

BY SUBMITTING THIS APPLICATION, I AFFIRM THAT I AM WILLING TO PARTICIPATE IN THE ACTIVITIES OF THE MOUNT LAUREL GARDEN CLUB. I WILL SUPPORT ITS MISSION AND OBJECTIVES TO THE BEST OF MY ABILITY.

SIGNATURE:
