



## MEMBERSHIP FORM

I wish to join the Bellefonte Garden Club and be considered a member.

The annual dues are \$5.00.

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_



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City, State, Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

Please mail the completed form along with a check for \$5.00 to:

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Treasurer

Treasurer

Bellefonte Garden Club

Bellefonte Garden Club

P.O. Box 221

P.O. 221

Bellefonte, PA 16823

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