

MEMBERSHIP LIST Gardens are required to have ten members.

Garden Name _____

**** COMPLETE THE E-MAIL ADDRESS LINE TO RECEIVE THE E-QUARTERLY PROGRAM GUIDE**

By E-MAIL *INSTEAD OF POSTAL MAIL* **

S _____
A MRS. SUNNY GARDENER (718) 555 - 1234
M First Name Last Name Home Telephone #
P 123 MAIN STREET 2 D (917) 401-1234
L Street Address Apt. # Cell / Work Telephone #
E BROOKLYN NY 11223 sunny.gardener@yahoo.com
City or Borough State Zip Code E-Mail Address

_____ (_____) _____
First Name Last Name Home Telephone #
_____ (_____) _____
Street Address Apt. # Cell / Work Telephone #
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City or Borough State Zip Code E-Mail Address

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