



# Columbus Garden Club Member Information

Name \_\_\_\_\_  
Address \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Birthday \_\_\_\_\_

Spouses's Name: \_\_\_\_\_

\*Who referred you to the Columbus Garden Club? \_\_\_\_\_

\*Would you like to have a CGC member mentor you during your first year of membership? Yes No

\*What is the best way to contact you? (Please circle all that apply): Phone (Home); Phone (Cell); Text (Cell); Email

### Garden Related Information

### Are You A Member Of Any Of The Following?

Membership Other Garden Club(s)  
Have you held office in any of these clubs?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes No Native Plant Society  
Yes No American Rose Society  
Yes No American Horticulture Society  
Yes No American Hemerocallis Society  
Yes No Houston Amaryllis Society  
Yes No National Arbor Day Foundation  
Yes No Lady Bird Johnson Wildflower Center  
Yes No Plumeria Society of America  
Yes No Certified National Wildlife Habitat  
Yes No Certified Monarch Way Station  
Yes No North American Butterfly Assoc  
Yes No Million Pollinator Garden Challenge  
Yes No N. A. Butterfly Association Certified  
Butterfly & Monarch Gardens (circle)  
Yes No International Monarch Blitz -  
Participation  
Yes No Monarch Tagging Participant

Service to Texas Garden Clubs, District IV  
(current or past, please indicate)?

Boards \_\_\_\_\_

Committees \_\_\_\_\_

Do you have a special interest or knowledge in a certain  
type of gardening or in a specific species of plants that  
you would like to share with our group? If so, what?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Life Memberships

Yes No National Garden Club  
Yes No South Central Region  
Yes No Texas Garden Clubs  
Yes No District IV Coastal Prairie

Use back of form if necessary.

### Are You Certified In Any Of The Following

Yes No Houston Flower Show Judge  
Yes No Master Gardener  
Yes No Landscape Design School  
Yes No Environmental School (TGC)

### Other Affiliations

Use back of form if necessary.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return this form with check for Yearly  
Dues (\$25.00) to :  
Columbus Garden Club;  
PO Box 1222; Columbus, Tx, 78934**