



Garden Club of Indian River County, Inc.

New Membership Application and Change Membership Form

First Name: _____ Last Name: _____

Address: _____

City: _____ Zip Code (9 digits please) _____ - _____

Email: _____

Home Phone: _____ Cell Phone: _____

Garden Club Name: *Garden Club of Indian River County District X*

Circle Name: *Seagrape Circle*

For Florida Federal Garden Club Information Only

New Member (\$12) Spouse of Member (\$2) Address/Email/Phone Change Reinstate

Contact Name: _____ (if needed for follow up questions)

Email: _____

Is the member transferring from another FFGC club? Yes No

If yes, what club are they coming from? _____

District: _____ Does the member belong to more than one FFGC club? Yes No

If yes, please name the primary and secondary club:

Primary Garden Club: _____ District: _____

Secondary Garden Club: _____ District: _____

GCIRC YEARLY DUES AND ½ YEAR DUES

Member Type	Term	Dates	Amount	Amount Paid
Single Member	Full Year	June 1 – May 31	\$65.00	
Family Member	Full Year	June 1 – May 31	\$90.00	
Single Member	Half Year	January 1- May 31	\$37.50	

Please return this form to the GCIRC Treasurer with your check for new members. The Treasurer will make copies to be forwarded to the Yearbook Chairman and to the Vice President and FFGC. Be sure to make a copy for your circle files. Revised September 2021.

Thank You and Welcome!