

Wildflower Garden Club of Alaska

P.O. Box 240563 Anchorage, AK 99524-0563

Membership Application Form

Name:				
Address:				
City:	State:	Zip:	Birth Month:	
Phone:	Em	nail:		
Member Signature:		Date:		
Memb	ership year is Ja	nuary throug	gh December.	
Annual	dues are \$20. pe	er individual	membership.	
Family memberships* are	e available at \$15	5. per additio	onal immediate family member.	
*One Yearbook will be handed out for Family memberships.				
Individual Membership	Total: \$	Family Me	embership Total: \$	
Additional name:	Phone:			
Email:	Birth Month:			
Additional name:	Phone:			
Email:	Birth Month:			
Check: Print and m	ail form and che	eck to Wildflo	ower Garden Club of Alaska	
Cash: Print form a	and pay in person	n		
Credit Card: Pay online via Square. Add \$1.00 per person (1=\$21, 2=\$37, 3=\$48)				
Descint for mail			Dlaca haar far rasard	
Receipt for mail	ea or in person	payments	Please keep for record	
Name				
Amount tendered			Date	
Payment method: Ca	sh Check	Credit	Card	