



Wildflower Garden Club of Alaska

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

Membership Application Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Birth Month: _____

Phone: _____ Email: _____

Member Signature: _____ Date: _____

Membership Year - January through December

Annual Dues \$20 Individual Membership

Family Memberships + \$15 each additional immediate family member*

☐ X if new address or phone number / ☐ X for Name Badge Replacement = \$15

**One Yearbook will be handed out for Family memberships.*

Individual Membership _____ Total: \$ _____ Family Membership _____ Total: \$ _____
Name Badge Replacement _____ Total: \$15 each

Additional name: _____ Phone: _____

Email: _____ Birth Month: _____

Additional name: _____ Phone: _____

Email: _____ Birth Month: _____

Check: _____ Print and mail form and check to Wildflower Garden Club of Alaska

Cash: _____ Print form and pay in person

Credit Card: _____ Pay online via Square. **Add \$1.00 per person (1=\$21, 2=\$37, 3=\$48)**

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Receipt for mailed or in person payments ... Please keep for record

Name _____

Amount tendered _____ Date _____

Payment method: Cash _____ Check _____ Credit Card _____