## **GARDEN CLUB OF CAPE CORAL**

## **Membership Application**

		Date:	
Name:	Phone:		
Address:	City: Zip:		
E-Mail:		Spouse's Name:	
Birthday (Month)	(Day)Cell Ph	one:	
I give my permission for the above infor communication. Yes No _			
Emergency Contact person:	Emergency	Phone #:	
(not for publication)	(not for pub	plication)	
Please make checks payable to <b>GA</b> Garden Club of Cape Coral PO Box 152022 Cape Coral, FL 33915-2022 Please cut & return the top section)	RDEN CLUB OF CAP	<b>E CORAL</b> and return to:	
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Meets the 2 <sup>nd</sup> WEDNESDAY OF EACH MO	ONTH Sept through Reetings in June, July or		
At: Palmetto Pine Country Club, 1940 SW	/ 9th Ct., Cape Coral, FL		
WEBSITE:	www.gardenclubofca	pecoral.com	
FOR MORE INFORMATION:			
Membership Chair:	Terry Fisher	740-679-3583	