



Membership Form

Check one=> New Member: _____ Renewing Member: _____

Name: _____ E-mail Address => _____

Mailing Address => Street: _____ City: _____ State: _____ Zip Code: _____

Individual Membership (\$10): \$ _____

Business Membership (\$50): \$ _____

Additional General Donation: \$ _____

Additional Donation to support Community Gardening: \$ _____

Total Amount Remitted: \$

If you are a new member, how did you hear about us? _____

What topics are you interested in learning about? _____

Suggested places for public beautification: _____

***Make check payable to: Rogers Park Garden Group
and mail to: Carol Goldman 7132 North Ashland Blvd Chicago, IL 60626***