

Des Fleurs Garden Club Membership Application

Name _____

Address _____

City State Zip

Email _____

Home Phone (_____) _____ - _____

Cell Phone (_____) _____ - _____

Birth Day _____ Month _____

How did you hear about us?

Please check if you are applying for:

Active Member or Friend of Des Fleurs

Please check your interests below:

Publicity _____

Floral Design _____

Public Gardens _____

Computer Skills _____

Hospitality _____

Workshops _____

Communications _____

Programming _____

Other (Please Note) _____

Media _____

Please tell us a little bit about yourself, your interests, and special talents and share with us why you would like to join Des Fleurs Garden Club.

Please send your completed application via post or email to:

Des Fleurs Garden Club
P.O. Box 888
Oxford, Ohio 45056
Email: desfleursgc@gmail.com
Website: www.desfleurs.org
Facebook: Des Fleurs Garden Club

