

- New,
- Renewal

MAD GARDENERS 2018 Membership Application

Renewing Members: Please cross out incorrect data on your personal entry and enter **changes only** below. **Carefully check all items of your entry for accuracy:** The information following a “♦” is from item II below. Information following a “▲” is from item III.

I. Personal information for the members booklet: **renewing members enter changes only**

Name _____
 (Business name) _____
 Mailing address: _____
 City, State, Zip: _____
 (Address, other:) _____
 (If winter address, include dates: _____) (Phone, cell: _____ - _____ - _____)
 (Phone, home: _____ - _____ - _____) (Phone, business: _____ - _____ - _____)
 (Fax: _____ - _____ - _____) (web URL) _____
 (e-mail address) _____

II. Professional information: Horticultural professions only. Do you now, or have you previously, worked in horticulture or a related field? If so, please check **all that apply:**

- | | |
|--|--|
| <input type="checkbox"/> Landscape architect or designer (A) | <input type="checkbox"/> Grower (G) |
| <input type="checkbox"/> Landscape installation(I) | <input type="checkbox"/> Nursery/garden center operator (N) |
| <input type="checkbox"/> Landscape maintenance (M) | <input type="checkbox"/> Garden photographer/illustrator (P) |
| <input type="checkbox"/> Horticultural lecturer/educator (L) | <input type="checkbox"/> Garden writer (W) |

Additional information to describe your profession, **30 characters max:**

III. May people call you with horticultural or other questions? (Yes, No). If yes, list areas of interest, expertise, **35 characters max:**

IV. Payment information: Dues must reach us by February 15 if you want to be included in our annual directory. Please send checks for the year 2018 only. We cannot handle cash or prepaid dues. Thanks.

Dues: \$30/person, \$40/couple \$ _____

Optional donation: Tax deductible. For special projects and scholarships.

Dues cover only our most basic costs — please be generous \$ _____

Date: _____ Check number: _____ Total Enclosed: \$ _____

**Please send this application with your check payable to MAD GARDENERS to
Angela Dimmitt, PO Box 146, Sherman, CT 06784**