

The Amherst Garden Club

PO Box 694, Amherst, NH 03031

Membership Year 2024-2025

PLEASE
PRINT

Name: _____

Email: _____

Spouse/Sig.Other _____
(optional)

Primary Phone: _____

Birthday (day & month) _____
(optional)

Secondary Phone: _____

Mailing Address: _____

Membership Dues (\$35) _____

Name Badge (\$16.50) _____

Residence Address: _____
(if different)

Total _____

(checks made payable to Amherst Garden Club)

How did you hear about AGC? _____

Note: Provided information will be published in the annual handbook. Please indicate if there is anything listed you do not want published.