



New Member Enrollment Form

Please send completed form and \$10 membership dues to FGCI Treasurer
Heidi Folkestad
2252 Scotch Ridge Rd
Carlisle, IA 50047

Garden Club _____

Last Name _____

First Name _____

Street Address _____

City/State/Zip _____

Phone (____) ____ - ____ Email Address _____

Are you a snowbird? If so, please include your alternate snowbird address and time period you are at this address.

Time Period: FROM _____ TO _____
Example: October April

Street Address _____

City/State/Zip _____

For Office Use Only
Date Received
Check #
Amount