

**THE GARDEN CLUB OF KENTUCKY, INC.
Member of National Garden Clubs, Inc.**

PLEASE USE THIS FORM FOR PAYMENT OF 2024-2025 CLUB DUES

Please send your check and one copy of each page to the Treasurer:

Tina Mickelson, 153 Wildcat Drive, Richmond, KY 40475

479.461.6989 (C), tinamickelson@sbcglobal.net

AND

Email your membership list (be sure to include club name & district) to:

grannyburcham@yahoo.com; sthronberry1@gmail.com; gckyann@fiel.us

If you email your member list you MUST mail, via post office, your club check, and this page to the GCKY Treasurer at the address above.

- Please type or print clearly all members in alphabetical order on the membership list including officers.
- Information must include name, address, city, nine-digit zip code, telephone number and email address.
- Check **NEW** for NEW members. Check **CHG** for name and/or address change.
- Your club must pay full dues (\$10.00 per member) for each member, this includes, State Life Members, inactive, associate, or honorary members, and members in multiple clubs. Only those that pay dues will receive the *Bulletin*.
- If club is participating in Dollars for Scholars, please include \$1.00 per member.
- Your club may make a contribution to the State Headquarters at this time, if desired.

One check may be written for total amount to: The Garden Club of Kentucky, Inc.

Dues are to be paid by March 31. Dues are delinquent after May 31.

Date _____

Please type or print clearly.

District _____ Club Name _____ # of Members _____

President _____ **NEW** **CHG**

Address _____ Email _____

City _____ Zip _____ Phone # _____

Vice-President _____ **NEW** **CHG**

Address _____ Email _____

City _____ Zip _____ Phone # _____

Secretary _____ **NEW** **CHG**

Address _____ Email _____

City _____ Zip _____ Phone # _____

Treasurer _____ **NEW** **CHG**

Address _____ Email _____

City _____ Zip _____ Phone # _____

Dues \$ _____

Dollars for Scholars \$ _____

State Headquarters \$ _____

Total Enclosed \$ _____

District _____ Club Name _____ Date Paid _____

Check NEW for NEW member. Check CHG for name and/or address change.

Name	_____	NEW	CHG
Address	_____	Email	_____
City	_____	Zip	_____
	_____	Phone #	_____

Name	_____	NEW	CHG
Address	_____	Email	_____
City	_____	Zip	_____
	_____	Phone #	_____

Name	_____	NEW	CHG
Address	_____	Email	_____
City	_____	Zip	_____
	_____	Phone #	_____

Name	_____	NEW	CHG
Address	_____	Email	_____
City	_____	Zip	_____
	_____	Phone #	_____

Name	_____	NEW	CHG
Address	_____	Email	_____
City	_____	Zip	_____
	_____	Phone #	_____

Name	_____	NEW	CHG
Address	_____	Email	_____
City	_____	Zip	_____
	_____	Phone #	_____

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Address	_____	Email	_____
City	_____	Zip	_____
	_____	Phone #	_____

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Address	_____	Email	_____
City	_____	Zip	_____
	_____	Phone #	_____

Name	_____	NEW	CHG
Address	_____	Email	_____
City	_____	Zip	_____
	_____	Phone #	_____

Name	_____	NEW	CHG
Address	_____	Email	_____
City	_____	Zip	_____
	_____	Phone #	_____

District _____ Club Name _____ Date Paid _____

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City _____ Zip _____ Phone # _____

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