

MIRACOSTA HORTICULTURAL CLUB
OF OCEANSIDE
Membership Enrollment Form

Date _____

Please fill out this form and return to Membership Chairperson.

Full Name: _____

Address (street, city and zip): _____

E-Mail Address (Please Print): _____

Phone Number: _____

Gardening Interests: _____

How did you hear about our Club? _____

Membership dues are \$20 per person per year or \$36 for two people with the same mailing address. There is a one-time cost of \$5 for the name badge.