DISTRICT # ANNUAL MEETING
Theme if you have one
THE GARDEN CLUB OF NORTH CAROLINA, INC.
Location
Address
City Zip Code
Date

Details of Meeting: Speaker, Demonstration, Club President Reports, Vendors, etc.

Meeting Schedule: Registration from time to time

Driving directions to meeting location.

Please complete the below form, attach your check made payable to _____ and mail before **Date** to:

Registrar
Address
City Zip Code
Any questions regarding registration, call **who** at **phone number**
or email **email address**

NAME_____

PHONE_____EMAIL_____

ADDRESS_____

CITY_____STATE_____ZIP_____

DISTRICT #_____GARDEN CLUB_____

Please check all that apply:

___National Officer	___Board of Governors	___Club President
___NGC Board Member	___State Officer	___State Chairperson
___District Director	___State Life Member	___Flower Show Judge
___District Vice Director	___SAR Life Member	___Garden Study Consultant
___Past State President	___National Life Member	___Landscape Design Consultant
___Trustee	___Council President	___Environmental Consultant
___Club Member	___Youth Club Leader	___Guest(not a member of GCNC)

Registration Fees Must Be Paid By All Attendees

Day, Date
Registration Fee with Lunch $**Cost** each Enclosed Amount $_____

Guest: _____

Medical dietary allergies: _____