

**The Wisconsin Gourd Society (WGS)
Zeta Chapter of the American Gourd Society
www.wisconsin gourdsociety.org**

Membership Application

*Name(s) _____

*Address _____

*City _____ *State _____ *Zip _____

County _____ *Phone _____

*E-mail address _____

* = Required

WGS sends all communications (including the newsletter) via the web. The newsletter is available by mail upon request. Members without an email will receive information by US mail.

Volunteering

I am interested in joining (or learning more about) a Wisconsin Gourd Society committee:

Publicity Activities Education

Annual Membership Dues- \$12.00

Make checks and money orders payable to: *The Wisconsin Gourd Society*

Please mail your completed application and payment to:

The Wisconsin Gourd Society

PO Box 43

Theresa, WI 53091

Please allow 3-6 weeks for your membership card to arrive. We will make efforts to notify members via e-mail 30 days before a membership expires. *To make sure you don't miss anything, please make a note on your calendar to renew your membership before it expires.*

Are you a member of the **American Gourd Society**? Yes _____ No _____

To print an application to join the AGS, please go to www.americangourdsociety.org/join.html

How did you hear about us?

WGS Use

Check number: _____ Date received: _____

Member packet sent: _____ Member card sent: _____