

**THE GARDENERS' GUILD OF BRAINTREE**  
**APPLICATION FOR MEMBERSHIP**

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(Please Print First and Last Name)

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(Spouse's First Name Optional)

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(Address)

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Telephone #

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Email Address

I hereby apply for membership to The Gardeners' Guild of Braintree to promote interest in and knowledge of gardening.

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Date

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Signature of Applicant

**\$1.00 MUST ACCOMPANY THIS APPLICATION**

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Signature of Sponsor or how you were referred to Guild

Please return completed application to:

**Gardeners' Guild, PO Box 850812, Braintree, MA 02185**

or bring it with you if attending a meeting.

For further information please check our website:

[www.gardenersguildofbraintree.com](http://www.gardenersguildofbraintree.com)