

CHIRP Garden Club Membership Application
Clip and mail form

Name _____

Address _____

City, State, Zip _____

Phone(_____)_____

email _____

Area(s) of interest: _____

Please send check or money order for dues,
along with above information, to:
CHIRP, P.O. Box 532, Alpine, CA 91903

Individual	Family	Group	LIFETIME
1 year - \$20	1 year - \$25	1 year - \$30	\$500
2 years - \$35	2 years - \$45		