

*Mission San Juan Capistrano Gardening Angels*  
**Application and Information Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: Day: \_\_\_\_\_  
Evening: \_\_\_\_\_  
Other: \_\_\_\_\_

E-mail: \_\_\_\_\_

Gardening Day is every Wednesday, beginning at 9:00 am, meet in the Children's Garden.  
Annual dues are \$10.00, please make checks payable to MSJC Gardening Angels.

\_\_\_\_\_ **Yes!** I want to become a member of the Gardening Angels.

\_\_\_\_\_ **Yes!** I want to become a member, but unable to attend on Wednesday.  
Alternate days available: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ No, I cannot join at present, but want to volunteer for special gardening projects.