



# HS Garden Club Membership Questionnaire

To be completed by new members joining The Club, by all current members for the next calendar year or by Club members relinquishing space. Each apartment at Highland Springs is eligible for membership in The Club. If more than one person lives in the apartment, all may participate but are considered as one member in Club matters. A member may have only one primary garden and/or greenhouse space if available. To become a member, the resident (apartment) pays the annual Club dues. **2026 Membership questionnaire & dues payment due no later than November 4th.**

**Member name(s):** \_\_\_\_\_

Apartment building/number: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ Today's date: \_\_\_\_\_

## This request is for:

The current year? *Yes or no* \_\_\_\_\_ The next calendar year? *Yes or no* \_\_\_\_\_

## Garden Bed Information

How many total beds would you like to have?

☐ Total primary and temporary in-ground beds? \_\_\_\_\_

☐ Total primary and temporary elevated beds? \*\*\* \_\_\_\_\_

Do you currently have a primary assigned bed? *Yes or no* \_\_\_\_\_

☐ What is the bed number? \_\_\_\_\_

☐ Do you want to keep that assignment? *Yes or no* \_\_\_\_\_

Do you want to relinquish your garden space(s)? *Yes or no* \_\_\_\_\_

☐ What is the bed number(s) you want to relinquish? \_\_\_\_\_

☐ What is the effective date for relinquishing your space? \_\_\_\_\_

## Greenhouse Shelf Information

How many total shelves would you like to have? \_\_\_\_\_

☐ Do you currently have a primary assigned shelf? *Yes or no* \_\_\_\_\_

☐ Do you want to keep that assignment? *Yes or no* \_\_\_\_\_

If you want a shelf or want a different shelf, do you prefer:

☐ A center table shelf? *Yes or no* \_\_\_\_\_

☐ A side table shelf? *Yes or no* \_\_\_\_\_

Do you want to relinquish your shelf? *Yes or no* \_\_\_\_\_

☐ What is the effective date for relinquishing your shelf? \_\_\_\_\_

# **HS Garden Club Membership Questionnaire**



\*\*\* If you voluntarily indicate below you are using a mobility device, you will receive priority for an elevated bed located in the Far West Garden #3.

I currently use a mobility device. *Yes or no* \_\_\_\_\_

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**Return the completed form and any required \$30.00 dues payment to:**

**CL-507 Vicky Aranda  
EP-123 Kay Hampton  
PG-411 Delores Garbarini  
CT-024 Peggy Threadgill**

**Only checks or cash accepted. Make checks payable to Club Treasurer: Vicky Aranda.**

**Contact the Club Treasurer, Vicky Aranda at 713-582-6812 or [vdaranda@swbell.net](mailto:vdaranda@swbell.net) with questions.**