



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 through their HS account.

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* 2026 _____

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* _____
- ☐ What is the shelf number? _____
- ☐ 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? _____

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*** 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* _____

2026 Membership questionnaire & dues charge must be authorized before garden beds or greenhouse shelves can be assigned.

**Return the completed and signed questionnaire and form to
Vicky Aranda cubby - CL-507**

**If you have any questions, contact Vicky Aranda
at 713-582-6812 or vdaranda@swbell.net**

**HS Account Billing Form – bill my \$30 2026 membership dues
to my HS account**

Member name(s): _____

Apartment building & #: _____ **Telephone:** _____

Email: _____ **Today's date:** _____

Signature: _____