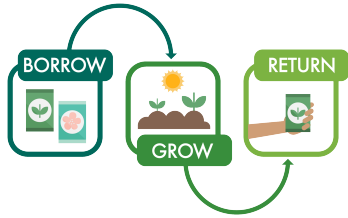


Seed Library Membership Form



Name: _____

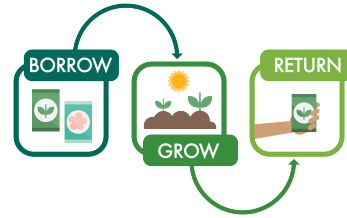
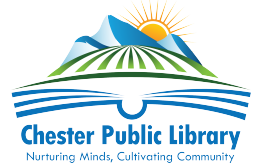
Email: _____

Phone: _____

Would you like to be contacted about gardening classes or events in the future? Circle: Yes / No

Are you interested in volunteering in the library's garden? Circle: Yes / No

Seed Library Membership Form



Name: _____

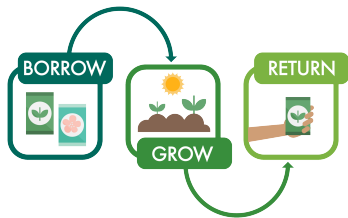
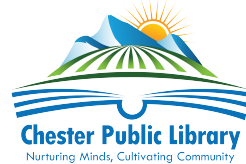
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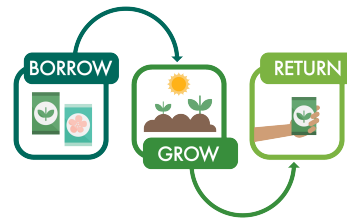
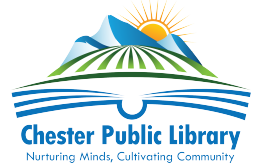
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