



FLORIDA FEDERATION OF GARDEN CLUBS

Life Membership Application (Must be typed or printed)

Date of Application: _____

LM Number _____

(FFGC Use)

Presentation Date: _____

Surprise? Yes _____ No _____

Name of Life Member: _____
(Given Name)

Mailing Address: _____
Street City State Zip

Member of Club/Circle or Individual: _____

Given by: _____

Brief description of qualifications for membership: _____

A member of a club/circle in good standing may purchase his/her Life Membership.

Please make your check for \$300.00 payable to Florida Federation of Garden Clubs, Inc.

Mail this completed **form to Skip Lamoureux** (address below).

Send the check to Jana Walling, 2121 Olivia Drive, Tallahassee, FL 32308-6164.

Skip & Diane Lamoureux - Chairs

9439 Preston, Brooksville, FL 35601 | Skip@verizon.net | Cell (352) 587-3633

NOTE: A MINIMUM OF ONE (1) MONTH IS NECESSARY FOR PROCESSING:

To whom and where should the honor be sent?

Name: _____

Complete Address: _____
(STREET) (CITY) (ST) (ZIP)

Phone _____ Email _____