

FLORIDA FEDERATION OF GARDEN CLUBS, INC.

Life Membership Application

(Must be typed or printed)

Date of Application: _____

LM Number _____

(FFGC use)

Presentation Date: _____

District _____

Surprise? Yes _____ No _____

Code # of Club/Circle _____

Name of Life Member: _____

(Given Name)

Mailing Address: _____

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 \$150.00 payable to Florida Federation of Garden Clubs, Inc., and mail along with this form to:

**Karen S. Hall, FFGC Chairman
FFGC Life Membership Chairman
902 Mercer's Fernery Road
DeLand, FL 32720-2311**

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

Name and address of person to whom this material is to be sent:

Telephone No. _____ E-mail: _____