



Florida Federation of Garden Clubs, Inc.

New Membership and Change Membership Form

New Member (\$12) Spouse of Member (\$2) Address/Email/Phone Change
 Transfer Reinstate Delete Member

First Name: _____ Last Name: _____

Address: _____

City: _____ Zip Code (Nine digits, please) _____ - _____

Email: _____

Phone Number of choice: _____

Garden Club Name: _____ District: _____

Contact Name: _____ E-mail: _____
(if needed, for follow-up questions)

Is the member transferring from another FFGC club? Yes No

If yes, what club are they coming from? _____ District _____

Does the member belong to more than one FFGC club Yes No

If yes, Please name the primary and secondary club

Primary Garden Club: _____ District _____

Secondary Club: _____ District _____

(Note: If member belongs to more than one FFGC club the one paying the FFGC dues is primary, others are secondary.)

**Please mail this form with the garden club check to:
FFGC Membership 1400 S. Denning Dr., Winter Park, Fl. 32789**