



For Office Use	
Date Received:	_____
Check #:	_____
Amount:	_____
Date Deposited:	_____
Date Completed:	_____
Completed By:	_____

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 _____ Deceased

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**