



**FORM FOR A NEW GARDEN CLUB TO JOIN  
THE FLORIDA FEDERATION OF GARDEN CLUBS, INC.**

GARDEN CLUB NAME: \_\_\_\_\_

GARDEN CLUB CITY: \_\_\_\_\_

GARDEN CLUB PRESIDENT: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

DATE GARDEN CLUB ORGANIZED: \_\_\_\_\_

TOTAL # OF MEMBERS: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

FFGC DISTRICT: \_\_\_\_\_

DISTRICT DIRECTOR: \_\_\_\_\_

**NAME, EMAIL, & PHONE # of PERSON SUBMITTING THIS FORM**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_