



FLORIDA FEDERATION OF GARDEN CLUBS

Life Membership Application

(Must be typed or printed)

Date of Application: _____

LM Number _____

(FFGCUse)

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 \$300.00 payable to Florida Federation of Garden

Clubs, Inc., and mail along with this form to:

Sandra Messer- Chmn

E-mail: SLSMesser@windstream.net

13609 County Road 49

Live Oak, FL 32060-6858

H (386) 362-6886 Cell (386) 961-6643

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: _____ E-mail: _____