

NATIONAL GARDEN CLUBS, INC.

Life Membership Application

(Must be typed or printed)

LM Number _____
(NGC use)

Date of Application: _____

Presentation Date: _____

Surprise? Yes ____ **No** ____

We (I) _____ **of** _____
(Club/Circle or Individual) (City)

Wish to honor the following with a Life Membership in National Garden Clubs, Inc.:

Name of Life Member: _____
(Given Name)

Mailing Address: _____

City/State/Zip: _____

Member of Club/Circle or Individual: _____

District: _____ **Code # of club/circle:** _____

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 \$200.00 payable to National Garden Clubs, Inc., and mail along with this form to:

**Gloria Blake, FFGC Chairman
NGC Life Membership Chairman
3616 N. Indian River Drive
Cocoa, FL 32926-8704**

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

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

2003/2005