



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

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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:

Jo Williams, FFGC Chairman  
NGC Life Membership Chairman  
260 Imperial Lane  
Lauderdale-by-the-Sea, FL 33308

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

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

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