



## Federated Garden Clubs of Missouri, Inc.

### APPLICATION FOR LIFE MEMBERSHIP

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

HONOREE'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE AND ZIP CODE \_\_\_\_\_

MEMBER OF GARDEN CLUB \_\_\_\_\_

DISTRICT \_\_\_\_\_

MEMBERSHIP PRESENTED BY \_\_\_\_\_

*(A Contribution of \$50 to the FGCM Scholarship Fund accompanies this application.)*

PLEASE MAIL CERTIFICATE TO \_\_\_\_\_

\_\_\_\_\_

DATE CERTIFICATE IS TO BE PRESENTED \_\_\_\_\_

APPLICANT OR DONOR SIGNATURE \_\_\_\_\_

#### **Instructions:**

Applicant or Donor sends this Application and Check, made payable to the **FGCM Scholarship Fund**, to the State Life Member Chair, who will issue the Life Membership Certificate. The State Life Member Chair will notify the State President of this application.

DATE ACCEPTED \_\_\_\_\_

STATE LIFE MEMBERSHIP CHAIR \_\_\_\_\_