

***FEDERATED GARDEN CLUBS OF NEW YORK STATE***

***LIFE MEMBERSHIP APPLICATION***

I would like to become a LIFE MEMBER of the FGCNYS to contribute to scholarship awards and educational projects. *Please print the required information*

Date of Application:

Name:
*(As you would like it to appear in publication – only name and district appear)*

Address:

City: State: Zip code:

Phone with area code: Email:

Garden Club Affiliate: District:

If this membership is a gift or surprise send to:

Name:

Address:

Telephone: Email:

Please include a $100.00 check made payable to: *FGCNYS, Inc.*

MAIL TO:

Federated Garden Clubs of NYS

Attn: Life Membership Chairman
292 Washington Avenue Extension, Suite 104

Albany, NY 12203-6385

QUESTIONS:

Anne Bloom, Life Membership Chairman

(845) 534-7005 or Bloomsatminehill@gmail.com