

FEDERATED GARDEN CLUBS OF NEW YORK STATE LIFE MEMBERSHIP APPLICATION – 2023-25

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 publ	lication – only n	ame and district a	ppear)	
Address:				
City:		State:	Zip Code:	
Phone:	Email:	l:		
Garden Club Affiliate:		District:		
		If this men	nbership is a gift or surprise send to	
Name:				
Address:				
Telephone:		Email:		
Please include a \$100.00 che	ck made pay	able to: <i>FGCN</i>	IYS, Inc.	
MAIL TO:				
Federated Garden Clubs of NYS				
Attn: Life Membership Chairman				
292 Washington Avenue Extension	ո, Suite 104			

QUESTIONS:

Albany, NY 12203-6385

Lovejoy Duryea, Life Membership Chairman (914) 734-9595 or lovejoy.duryea@gmail.com