TENNESSEE FEDERATION OF GARDEN CLUBS, INC.

TFGC LIFE MEMBERSHIP—FORM LM

Date _____

Name of Applicant _____ District _____

Garden Club Name _____

Address _____

City_____ State _____ ZIP _____

Phone Number _____ Email _____

Given By _____

Phone Number _____ Email _____

Presentation Date _____

Short summary of applicant's garden club accomplishments (offices held, participation in related garden club work, etc.)

_____

_____

_____

If Gift or Surprise, send to:

Address _____

City_____ State _____ ZIP _____

Phone Number _____ Email _____

Date of Presentation _____

A TFGC Life Membership is $75. Send a check payable to "TFGC" and a copy of this application form to:

TFGC Life Membership Chair
Charlotte Scott
3840 Chilhowee Circle NW
Cleveland, TN 37312-3406

C: 423-595-0381
H: 423-478-3705
cscott125@charter.net

Revised May 1, 2025