

**TENNESSEE FEDERATION OF GARDEN CLUBS, INC.**

**TGC LIFE MEMBERSHIP—FORM LM**

Name \_\_\_\_\_

District \_\_\_\_\_

Address \_\_\_\_\_

Garden Club or Clubs \_\_\_\_\_

Accomplishments (offices held, participation in related garden club work, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TFGC Life Membership Presented by (Individual or Club) \_\_\_\_\_

Date of Presentation \_\_\_\_\_

Approved By:

District Life Membership Chair \_\_\_\_\_

State Life Membership Chair \_\_\_\_\_

A TFGC Life Membership is \$75. Send a check payable to "TFGC" to your District Life Membership chair to record, sign, and forward to the State Life Membership chair.