

TENNESSEE FEDERATION OF GARDEN CLUBS, INC.

TFGC 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.