

Tennessee Federation of Garden Clubs, Inc.
Life Membership Application

Name _____ District _____

Address _____

_____ Zip _____

Garden Club(s) _____

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

Certificate to be sent to: _____

Address: _____ Zip _____

Life Membership Presented by: _____
(Individual or Organization)

Date of Presentation: _____

Approved: _____, District Life Membership Chairman

_____, TFGC Life Membership Chairman

TFGC Life Membership is \$75.00.

Make check payable to Tennessee Federation of Garden Clubs, Inc.

Send this form and your check to your **District** Life Membership Chairman to record, sign and then send to the TFGC Life Membership Chairman.