



FEDERATED GARDEN CLUBS OF NEW YORK STATE
LIFE MEMBERSHIP APPLICATION

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 publication – only name and district appear)

Address:

City:

State:

Zip Code:

Phone:

Email:

Garden Club Affiliate:

District:

If this membership is a gift or surprise send to:

Name:

Address:

Telephone:

Email:

Please include a \$100.00 check made payable to: *FGCNYS, Inc.*

MAIL TO:

Federated Garden Clubs of NYS

Attn: Life Membership Chairman

292 Washington Avenue Extension, Suite 104

Albany, NY 12203-6385

QUESTIONS:

Christine Tiberg, Life Membership Chairman

tibergc@gmail.com