

## 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