



# California Garden Clubs, Inc.

## Life Membership Application

Please PRINT or TYPE – The form can be completed electronically but please submit via U.S. Mail along with your check

Date \_\_\_\_\_ District \_\_\_\_\_

Director \_\_\_\_\_

Name of Recipient:

Mr \_\_\_\_\_ Ms \_\_\_\_\_ Name \_\_\_\_\_  
First name Last name

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip+4 \_\_\_\_\_

Telephone \_\_\_\_\_ eMail \_\_\_\_\_

Member of (club name): \_\_\_\_\_

Gift given by: \_\_\_\_\_  
(Name of club, district or individual)

Presentation date: \_\_\_\_\_ Place: \_\_\_\_\_

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Is this Life Membership to be a surprise? Yes \_\_\_\_\_ No \_\_\_\_\_

If a surprise, send the certificate, pin and letter of welcome to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip+4 \_\_\_\_\_

Telephone \_\_\_\_\_ eMail \_\_\_\_\_

**Life Membership Fee: \$100.00 – Includes a Life Membership pin**  
(The tax deductible Life Membership fee is credited to the CGCI Scholarship Fund)

**Make checks payable to: CGCI (Life Membership in memo line)**

**Mail check and application form to CGCI Life Membership Chairman:**  
(NOTE: please DO NOT send as an email attachment)

Carlotta Wixon  
14216 Karry's Place  
Grass Valley, CA 95945-7934  
(530) 273-4813  
[lifemember@cagardenclubs.org](mailto:lifemember@cagardenclubs.org)