



Pacific Region
of National Garden Clubs, Inc
Life Membership Application

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

Date _____

Name of Recipient:

Name _____
First name Last name

Address _____

City _____ St _____ Zip+4 _____

Telephone _____ eMail _____

Member of (club or guild name): _____

District: _____

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

Presentation date: _____ Place: _____

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: \$40.00 – Includes a Life Membership pin

Make checks payable to: Pacific Region of National Garden Clubs

Mail check and application form to CGCI Life Membership Chairman:
(NOTE: Please DO NOT submit via email attachment)

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