



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: _____

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-Welker

14216 Karry's Place
Grass Valley, CA 95945-7934
(530) 273-4813

lifemember@cagardenclubs.org