



National 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 _____ Life Member Number: _____

State Garden Club: **California Garden Clubs, Inc.**

Recipient:

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 and letter of welcome to:

Name _____

Address _____

City _____ St _____ Zip+4 _____

Telephone _____ eMail _____

Life Membership Fee: \$200.00

Make checks payable to: National Garden Clubs, Inc

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

Carlotta Wixon-Welker

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

lifemember@cagardenclubs.org

PLEASE NOTE: One half of the National Life Membership fee is credited to the Permanent Home and Endowment Fund and one half goes to the NGC Scholarship Fund