

APPLICATION FOR VFGC LIFE MEMBERSHIP

Please print

Name of Applicant _____

Applicant's Mailing Address _____

City _____ State _____ Zip _____

Garden Club _____

District _____

Honored by _____

Date of presentation _____

Place of presentation: District meeting _____ or Club meeting _____

Is the presentation to be a surprise? Yes _____ No _____

Send pin and membership card to: _____

Mailing Address _____

Important: Please give the name, phone # and e-mail address of the person to whom any questions may be directed:

Name _____

Phone # _____

E-mail address: _____

VFGC Life Membership cost: \$50.00 Make check payable to VFGC, Inc.

(please do not send cash) Note: the \$50.00 for the VFGC Life Membership may be contributed over a 2-year period.

Send application form and check to: VFGC Life Membership Chairman,
325 Ewell Road, Williamsburg, VA 23188