



Delaware Federation of Garden Clubs, Inc.

Application for Life Membership

RECIPIENT: _____

MAILING ADDRESS: _____

CLUB NAME: _____

AWARD GIVEN BY: _____

PRESENTATION DATE: ___April ___June ___November SURPRISE? ___Yes ___No

BRIEF SUMMARY of recipient's garden club contributions and accomplishments (must be typed and limited to 100 words. Check here if attached page is used (____))

PERSON COMPLETING APPLICATION: _____

CONTACT INFO: Phone _____ Email _____

(Signature of Garden Club President): _____

The fee for Life Membership is credited to the DFGC Scholarship Fund. Recipient will receive a pin and certificate on the designated presentation date.

Please send this application form and a check for \$50 made payable to DFGC to:

Margaret Woda, DFGC Membership Chair
24898 Magnolia Circle, Millsboro, Delaware 19966
Email address: MargaretWoda@gmail.com if you have any questions.