



# Delaware Federation of Garden Clubs, Inc.

## Application for Life Membership

Name of Recipient: \_\_\_\_\_

Address: \_\_\_\_\_

Member of: \_\_\_\_\_ Garden Club

Given by: \_\_\_\_\_

Date to be presented: \_\_\_\_\_ Surprise? \_\_\_\_\_ YES \_\_\_\_\_ NO

Brief summary of recipient's garden club contributions and accomplishments:

Person completing this application \_\_\_\_\_

Contact information: Phone \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

(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 to DFGC Membership Chair this application form and a check for \$50 made payable to DFGC.

Margaret Woda, DFGC Membership Chair  
24898 Magnolia Circle  
Millsboro, Delaware 19966