



Delaware Federation of Garden Clubs Application for State Life Membership

RECIPIENT'S NAME _____

ADDRESS _____

MEMBER OF _____ GARDEN CLUB

GIVEN BY: _____

DATE TO BE PRESENTED _____ SURPRISE: Yes _____ No _____

SHORT SUMMARY OF RECIPIENT'S GARDEN CLUB ACCOMPLISHMENTS:

Person Completing this Application _____

Contact Information: Phone _____ Email _____

(Signature of Garden Club President/ Official)

(Date)

The fee for the Life Membership is credited to the DFGC Scholarship Fund. Recipient will receive a pin and certificate at the designated presentation date. Please send this form and a check for \$50 made payable to the DFGC to the State Membership Chairman:

*Alva Hutchison, DFGC Membership Chairman
29763 Colony Drive
Dagsboro, Delaware 19939*

For questions, call 302-841-3632 or email abhutchison47@gmail.com