

		LM No	LM Number	
	A	Added by Life Membership Chairman DATE		
STATE GARDEN CLUB				
STATE CHAIRMAN for CAR-SGC LIF	E MEMBERSHIP			
ADDRESS				
PHONE	EMAIL ADDRESS			
NAME OF APPLICANT	ADDRESS			
CITY	STATE	ZIP	(9 digits)	
PHONE	EMAIL ADDRESS			
MEMBER OF			_ GARDEN CLUB	
GIVEN BY	PRESEN	PRESENTATION DATE		
If a gift or surprise, please send	d to:			
NAME	ADDRESS			
CITY	STATE	ZIP		
PHONE	EMAIL ADDRESS			
LIFE MEMBERSHIP FEE: \$50				
Please make your check payable to Capplication form to the CAR-SGC Life	CAR-SGC and mail with your completed Membership Chair.	Certifica		
Claire Leichliter, 221 Paradise La leichliter@embarqmail.com. Phor	•	Welcom Thank y State LI	/ou	
Please allow one month for processing. (Be sure to save a copy of the		Perman	nent Register	

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completed form for your records.)