



**FORM FOR A NEW GARDEN CLUB TO JOIN
THE FLORIDA FEDERATION OF GARDEN CLUBS, INC.**

GARDEN CLUB NAME: _____

GARDEN CLUB CITY: _____

GARDEN CLUB PRESIDENT: _____

STREET ADDRESS: _____

CITY: _____

ZIP CODE: _____

TELEPHONE #: _____

DATE GARDEN CLUB ORGANIZED: _____

TOTAL # OF MEMBERS: _____

DATE OF APPLICATION: _____

FFGC DISTRICT: _____

DISTRICT DIRECTOR: _____

NAME, EMAIL, & PHONE # of PERSON SUBMITTING THIS FORM

Send form to: FFGC, Inc., 1400 S. Demming Dr., Winter Park, FL 32789