



FLORIDA FEDERATION OF GARDEN CLUBS, INC. MEMBERSHIP FORM FOR ALL CATEGORIES

➔ *Use this form for adding new or editing information of an existing member.*

MEMBER FIRST NAME _____ LAST NAME _____

STREET ADDRESS _____

CITY / STATE / ZIP _____

EMAIL _____ BEST PHONE _____

GARDEN CLUB NAME _____ DISTRICT _____

MEMBERSHIP STATUS (Please select at least one):

_____ NEW (\$12) _____ TRANSFER _____ SPOUSE (\$2)

_____ DELETE/INACTIVE _____ REINSTATE (\$12) _____ DECEASED

_____ UPDATING CONTACT INFORMATION ONLY (address, email, phone)

If the member is the **spouse** of an existing member, what is their name? _____

Is the member **transferring** from another FFGC club? YES NO

If from an FFGC club, which one: _____

NOTE: If the member belongs to more than one FFGC club, the club paying the dues is considered the primary; others are secondary.

Primary Garden Club _____ District _____

Secondary Garden Club _____ District _____

CONTACT FROM NEW CLUB: _____ EMAIL: _____

PLEASE MAIL THIS FORM WITH THE GARDEN CLUB CHECK PAYABLE TO:

FFGC Membership, 1400 S. Denning Drive, Winter Park, FL 32789

FOR OFFICE USE

Date Received: _____ Check #: _____ Amount: _____

Date Deposited: _____ Date Completed: _____ Complete By: _____