



For Office Use	
Date Received:	_____
Check #:	_____
Amount:	_____
Date Deposited:	_____
Date Completed:	_____
Completed By:	_____

**Florida Federation of Garden Clubs, Inc.**  
**New Membership and Change Membership Form**

New Member (\$12)     Spouse of Member (\$2)     Address/Email/Phone Change  
 Transfer     Reinstate     Delete     Deceased

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code (Nine digits, please) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number of choice: \_\_\_\_\_

Garden Club Name: \_\_\_\_\_ District: \_\_\_\_\_

Contact Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
*(if needed, for follow-up questions)*

Is the member transferring from another FFGC club?  Yes  No

If yes, what club are they coming from? \_\_\_\_\_ District \_\_\_\_\_

Does the member belong to more than one FFGC club  Yes  No

If yes, Please name the primary and secondary club

Primary Garden Club: \_\_\_\_\_ District \_\_\_\_\_

Secondary Club: \_\_\_\_\_ District \_\_\_\_\_

*(Note: If member belongs to more than one FFGC club the one paying the FFGC dues is primary, others are secondary.)*

**Please mail this form with the garden club check to:  
FFGC Membership 1400 S. Denning Dr., Winter Park, Fl. 32789**