



Florida Federation of Garden Clubs, Inc.

New Membership and Change Membership Form

Garden Club Name _____ **District:** _____

New Member **Address/Email/Phone Change** **Delete Member**

Transfer **Reinstate**

First Name: _____ **Last Name:** _____

Address: _____

City: _____ **Zip Code (Nine digits, please)** _____ - _____

Home Phone: _____ **Cell Phone:** _____

Email: _____

Single Membership \$12.00 **Spouse of Member \$2.00**

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 1400 S. Denning Dr., Winter Park, Fl.
32789**