



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**