



Garden Club Federation of Massachusetts, Inc.
GCFM Life Membership Application

DATE _____

NAME OF APPLICANT _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL ADDRESS _____

MEMBER OF _____ GARDEN CLUB

If this is an Honorarium:

GIVEN BY _____ PRESENTATION DATE: _____

Reason for Honorarium

Certificate and Life Membership In to be sent to:

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL ADDRESS _____

LIFE MEMBERSHIP FEE: \$100

Please make your check payable to GCFM, Inc. and mail with your completed application form to: Life Membership Chair, Suzanne McCance. GCFM Headquarters, 400 Fifth Avenue, Suite 101, Waltham, MA 02451

A portion of your donation will be allocated to a GCFM Program. You may designate the program to which you would like your donation to be applied. If no designation is made, the donation will go to the GCFM Scholarship program.

_____ GCFM Scholarship

_____ Civic Development & Historic Preservation Grant

_____ Other

Revised: 1/30/2024/MD

File: GCFM Website/Lifetime Membership application