



Garden Club Federation of Massachusetts, Inc.

GCFM Life Membership Application

DATE _____

NAME OF APPLICANT _____

ADDRESS _____

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 Pin 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 Nina Colburn

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

_____ GCFM Scholarship

_____ Civic Development and Historic Preservation Grant

_____ Other (please refer to attached list of eligible programs)