



Garden Club Federation of Massachusetts Life Membership Application

LIFE MEMBERSHIP FEE: \$100

NAME OF APPLICANT		
ADDRESS		
CITY	STATE	ZIP
PHONE		
EMAIL ADDRESS		
MEMBER OF (Garden Club Name)		
GIVEN BY		
SHORT SUMMARY OF APPLICANT'S GARDEN CLUB ACCOMPLISHMENTS		
ADDRESS		
CITY STATE ZIP PHONE		
EMAIL ADDRESS		
MEMBER OF (Garden Club Name)		
PRESENTATION DATE If a gift or surprise, please send to:		

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 Fund
	Civic Development and Historic Preservation Grant
	Other (please refer to attached list of eligible programs)

Please make your check payable to GCFM and mail with your completed application form to: GCFM, 400 Fifth Avenue, Suite 110, East Waltham, MA 02451

To contact GCFM phone 781-237-0336 / email gardenclubfedma@gmail.com Your application will be forwarded to GCFM Life Membership Chairman.

Please allow one month for processing. (Be sure to save a copy of the completed form for your records.)