



Wisconsin Garden Club Federation

Life Membership* Application

Date _____

Name of Applicant _____

Address _____

City _____ State _____ Zip _____

Garden Club _____

District _____

Given by _____

Address _____

Please donate this contribution to: (Please check one box)

- WGCF Scholarship fund at the Community Foundation of the Fox River Valley Region – for college students
- WGCF Ruth West Continuing Education fund, held internally, to benefit WGCF members attending WGCF sponsored schools, symposia or refreshers

Please complete this form and send with a \$50 check written to WGCF - designate "Life Membership" on memo line. Please send to current WGCF Life Membership Chair as indicated in the WGCF Directory.

*Funds derived from Life Memberships support Wisconsin Scholarships or the WGCF Ruth West Continuing Education Fund. Life Membership is an honorary title and does not imply any special privileges. For more information, please contact the WGCF Life Membership Chair.

For Office Use Only

Application received _____ By _____

Date Life Membership certificate presented _____