



The
Federated Garden Clubs
of Connecticut, Inc.

Affiliate Membership Application

Organization: _____

Contact Person and Title: _____

Street Address: _____

City, State and Zip: _____

Telephone: _____

Email Address: _____

Number of Members: _____

Website: _____

Non-Profit Classification: _____

Organization Mission:

Complete this application and mail with a check in the amount of \$25 payable to FGCCT, Inc.

Mail to Second Vice-President and Membership Chair:

Polly Brooks

P.O. Box 1045

Litchfield, CT 06759-1045

860-567-4292

Membership@ctgardenclubs.org