



The
Federated Garden Clubs
of Connecticut, Inc.

Application for Connecticut Life Membership

Name of Garden Club: _____

Contact Person: _____

Address: _____

Phone Number _____

Email: _____

Name of Honoree: _____

Address: _____

Date of Presentation to the Honoree: _____

Summary of Honoree's Garden Club Accomplishments (attach additional page if necessary):

Complete this application and mail with a check in the amount of \$100 payable to FGCT, 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