



APPLICATION FOR STATE LIFE MEMBERSHIP

The following donations are wonderful gifts to members or for yourself and they also enhance the Scholarship Fund. The scholarship is awarded at our Annual Meeting to a College Junior, a College Senior or a Graduate Student majoring in Horticulture or related fields.

Type of Donation: Membership _____ Memorial Gift _____ Gift _____

Name of Applicant for Membership: _____

Address: _____

Telephone: _____ Email: _____

Garden Club: _____

In Memory of: _____

Send note to:

Name: _____

Address: _____

State Life Member: Please send the above information and a check in the amount of \$50.00 payable to GCFM Scholarship Fund.

Memorial Gift: Please send the above information and a check for any amount payable to GCFM Scholarship Fund.

Gift: Please send name and address of donor or Club and a check payable to GCFM Scholarship Fund for any amount.

All donations will be acknowledged.

Mail to GCFM Scholarship Chairman.