

California Garden Clubs, Inc.

Life Membership Application

Please PRINT or TYPE – The form can be completed electronically but please submit via U.S. Mail along with your check

Date	District			
Director				
Name of Recipient:				
Mr Ms				
Address	First name	Last name		
City				
Telephone		eMail		
Member of (club name): _				
Gift given by:				
Presentation date:	P	lace:		
*********				*****
Is this Life Membership to	be a surprise? Yes	No	-	
If a surprise, send the cer	tificate, pin and letter	r of welcome to:		
Name				
Address				
City		St	Zip +4	
Telephone		eMail		

Life Membership Fee: \$100.00 – Includes a Life Membership pin (The tax deductible Life Membership fee is credited to the CGCI Scholarship Fund)

Make checks payable to: CGCI (Life Membership in memo line)

Mail check and application form to CGCI Life Membership Chairman: (NOTE: please DO NOT send as an email attachment)

Chairman: Linda Travis

142 Golden Glen Drive Simi Valley, CA 93065 lifemember@cagardenclubs.org