



Lake Placid Garden Club, Inc.

ASSOCIATE MEMBERSHIP APPLICATION

(Individual Associate Membership: Annual Renewal Dues: \$35)

(Individual with Spouse Associate Membership: Annual Renewal Dues: \$50)

TO: The Board of Directors, Lake Placid Garden Club

I, the undersigned, hereby apply for Associate Membership in the Lake Placid Garden Club. I am aware of the By Laws of Associate Membership, that I may not vote or hold office.

I have been an active member for _____ years.

Reason for Application:

Applicant's Signature: _____

Address: _____

Phone: _____

Approved by: _____, President

Date: _____