



## Lake Placid Garden Club Membership Application

I, the undersigned, hereby apply for membership in the Lake Placid Garden Club. I pledge to abide by the Constitution and Standing Rules of the Lake Placid Garden Club.

Print Name SCARLETT RAY

Florida Address 20 Blackfoot St

City LAKE PLACID Zip 33852

Alternate Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (HOME) \_\_\_\_\_ CELL 330 844-5178

E-Mail Address sunnyannray@yahoo.com Birth month & day MAY 11<sup>th</sup>

Are you transferring from another FFGC club? ☐ Yes ☒ No

If yes, what club are you coming from? \_\_\_\_\_ District: \_\_\_\_\_

Will you be a member of more than one FFGC club? ☐ Yes ☒ No

Primary Garden Club \_\_\_\_\_ District: \_\_\_\_\_

Secondary Garden Club \_\_\_\_\_ District: \_\_\_\_\_

Present or Previous Career Registered Nurse

Hobbies or Special Talents that you feel would benefit the Garden Club  
Antiques, Pottery planters, interest

Why are you interested in joining the Garden Club?

To learn more About plants, field trips,  
To socialize

Name of Sponsor Shannon Johnson

Signature of Applicant Scarlett A Ray Date 9-10-25

Dues: \$45.00 \* ☐ Check# \_\_\_\_\_ ☒ Cash [No receipt given - Deb]

\* Dues for application made between February 1 to March 31: \$37.00

\* Dues for application made between April 1 to May 15: \$45.00 (To be carried over for next garden year)

Please make check payable to: Lake Placid Garden Club or LPGC.

Mail to: Membership Chairman, P.O. Box 2193, Lake Placid, FL 33862

DATE ACCEPTED: \_\_\_\_\_