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Updated: 08-21-2025



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 Vera H. Irvin

Florida Address 259 Baltimore Way

City Lake Placid, FL Zip 33852

Alternate Address n/a

City _____ State _____ Zip _____

Phone (HOME) _____ CELL 757-289-8901

E-Mail Address verairvin@aol.com Birth Month September

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 Restaurant owner

Hobbies or Special Talents that you feel would benefit the Garden Club

Cooking

Why are you interested in joining the Garden Club?

I love nature and enjoy learning new information

Name of Sponsor Mary Greeley

Signature of Applicant Vera H. Irvin Date 9-9-25

Dues: \$45.00 * ☒ Check# 134 ☐ Cash

* 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: _____