



## 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 \_\_\_\_\_

Florida Address \_\_\_\_\_

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

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

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

Phone (HOME) \_\_\_\_\_ CELL \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Birth (Month/Day) \_\_\_\_\_

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 \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Why are you interested in joining the Garden Club?

\_\_\_\_\_  
\_\_\_\_\_

Name of Sponsor \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Dues: \$45.00 \* ☐ Check# \_\_\_\_\_ ☐ 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:** \_\_\_\_\_