

**THE MICHIGAN GARDEN CLUBS, INC.
APPLICATION FOR STATE LIFE MEMBERSHIP**

Name of Applicant: _____ Application Date: _____

Address: _____ City _____ State _____ Zip _____

Spouse (if applicable): _____ Who is requesting this life membership? Please circle one: Club Individual

Name of Garden Club: _____ District: _____ **Presentation Date:** _____

Name of Club President: _____

Address of Club President: _____ City: _____ State: _____ Zip: _____

Name of person completing this application: _____ phone _____ Email _____

For any of the items below, please feel free to continue onto the reverse side of this page, please cross-reference with the appropriate item number. Answer each question as completely as possible. Please allow four weeks to process this application. Thank you.

1. Who would you prefer to present this life membership? _____

2. Location, and occasion for this presentation: _____

3. How many years has this applicant been a member? _____ Is this applicant a charter member? _____

4. List all offices the applicant has held, in chronological date order, please attach sheet if necessary: _____

5. List any chairmanships, community planting or community service the applicant has performed: _____

6. List any activity with Garden Therapy programs, children's gardening, hospital or assisted living services: _____

7. Is this applicant a Landscape Design Consultant, Flower Show Judge, or Gardening Consultant? _____

8. What talents has the applicant shared, via programs, workshops or others? _____

9. What contributions has the applicant provided to Flower Shows, (Entries, volunteering, or Chairing)? _____

10. What is the applicant's area of expertise, (Horticulture, Design, or Other): _____

11. List any positions held on the Council/State/District levels: _____

12. What are perceived to be the applicant's most outstanding traits? _____

13. Identify this applicant's three greatest contributions to: 1-your club, 2-the community: _____

14. Provide any additional personal information that you feel would complete the profile of this applicant and enhance the presentation of this State Life Membership: _____

APPLICATION FEE: \$100.00 Please make check payable to Michigan Garden Clubs, Inc.

State Life Membership Pin \$5.00

Mail this completed application and check to:

Marie Smith

MGC State Life Membership

8969 Schellenberger Rd

Manchester, MI 48158-9555

If you have any questions do not hesitate to call 734-223-0596

or Email: mhsrhs@aol.com



Do make a copy of the application for your files.