



Application for Life Membership in Kansas Associated Garden Clubs

This application for KAGC Life Membership is made for

Name _____

Address _____

Telephone _____ Email _____

Birthdate for ID purposes only _____

Name of Garden Club _____

This membership is _____ for myself
_____ a gift from _____

A check payable to KAGC for \$ 25.00 should accompany this application,
Please mail this application with check to KAGC Life Membership Chairman:
Sherryl Fitzpatrick, 2869 N. Tee Time Ct., Wichita, KS 67205
She will see that the information below is completed.

KAGC Life Member Number: _____

I have received payment of \$ 25.00 for this membership, a donation to the
KAGC Scholarship Fund.

KAGC Treasurer _____ date _____

This Application for KAGC Life Membership is hereby approved.

KAGC President _____

KAGC Life Membership Chairman _____