



The Garden Club of New Jersey, Inc. Life Membership Application

Date _____

Name of Applicant: _____

Street: _____

City: _____ State _____ Zip _____

Phone: _____ E-mail _____

Club Affiliation: _____

If this is a gift, given by: _____

Street: _____

City: _____ State _____ Zip _____

Phone _____ E-mail _____

If a gift or surprise, send certificate to:

Name _____

Address: _____

GCNJ Life Membership Fee is **\$100**. The entire amount can go to either Headquarters Fund or Scholarship Fund OR it can be split between these two funds. **Please indicate your preference:** \$_____ Headquarters Fund \$_____ Scholarship Fund

Please make check payable to Garden Club of New Jersey, Inc.

and send

application and check to:

Pam Sutton, 49 S. Passaic Ave. #9, Chatham, NJ. 07928

pamsutton.sutton@gmail.com