



Central Atlantic Region  
of State Garden Clubs  
Life Member Application

LM Number \_\_\_\_\_

Added by Life Membership Chairman

STATE GARDEN CLUB \_\_\_\_\_ DATE \_\_\_\_\_

STATE CHAIRMAN for CAR-SGC LIFE MEMBERSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ (9 digits)

PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

MEMBER OF \_\_\_\_\_ GARDEN CLUB

GIVEN BY \_\_\_\_\_ PRESENTATION DATE \_\_\_\_\_

SHORT SUMMARY OF APPLICANT'S GARDEN CLUB ACCOMPLISHMENTS \_\_\_\_\_

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

If a gift or surprise, please send to:

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

**LIFE MEMBERSHIP FEE: \$50**

Please make your check payable to CAR-SGC and mail with your completed application form to the CAR-SGC Life Membership Chair.

Claire Leichter, 221 Paradise Lane, Bedford, PA 15522-6144  
[leichter@embarqmail.com](mailto:leichter@embarqmail.com). Phone: (814) 356-3158

Please allow one month for processing. (Be sure to save a copy of the completed form for your records.)

For use by CAR-SGC Chairman:

- \_\_\_ Certificate
- \_\_\_ Welcome
- \_\_\_ Thank you
- \_\_\_ State LM Chairman
- \_\_\_ Permanent Register

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