

The Garden Club Federation of Pennsylvania
P O Box 205
Lampeter, PA 17537-0205
717-737-8219 Phone
GCFP205@gmail.com
www.pagardenclubs.org

MEMBERSHIP INFORMATION FOR NEW MEMBERS
(When sending by US postal system please enclose check)

GARDEN CLUB _____ DISTRICT _____

NAME OF PERSON SENDING INFORMATION _____

NEW MEMBERS

NAME _____

ADDRESS _____

Please include complete 9 digit zip - found on all magazines & utility bills

PHONE _____ EMAIL _____

DATE THEY JOINED _____ AMOUNT PAID _____

NAME _____

ADDRESS _____

Please include complete 9 digit zip - found on all magazines & utility bills

PHONE _____ EMAIL _____

DATE THEY JOINED _____ AMOUNT PAID _____

NAME _____

ADDRESS _____

Please include complete 9 digit zip - found on all magazines & utility bills

PHONE _____ EMAIL _____

DATE THEY JOINED _____ AMOUNT PAID _____

NAME _____

ADDRESS _____

Please include complete 9 digit zip - found on all magazines & utility bills

PHONE _____ EMAIL _____

DATE THEY JOINED _____ AMOUNT PAID _____

May 1 - July 31 \$10; Aug. 1 - Oct. 31 - \$7.50; Nov. 1 - Jan. 31 - \$5.00; Feb. 1 - Apr. 30 - \$2.50
Use back of this page for additional members

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MEMBERSHIP INFORMATION FOR REMOVING MEMBERS

GARDEN CLUB _____ DISTRICT _____

NAME OF PERSON SENDING INFORMATION _____

REMOVE THE FOLLOWING MEMBERS

NAME _____

ADDRESS _____

Please check one: Deceased with date _____ Resigned _____

NAME _____

ADDRESS _____

Please check one: Deceased with date _____ Resigned _____

NAME _____

ADDRESS _____

Please check one: Deceased with date _____ Resigned _____

NAME _____

ADDRESS _____

Please check one: Deceased with date _____ Resigned _____

NAME _____

ADDRESS _____

Please check one: Deceased with date _____ Resigned _____

NAME _____

ADDRESS _____

Please check one: Deceased with date _____ Resigned _____

NAME _____

ADDRESS _____

Please check one: Deceased with date _____ Resigned _____

NAME _____

ADDRESS _____

Please check one: Deceased with date _____ Resigned _____

USE BACK OF THIS PAGE FOR ADDITIONAL MEMBERS