



Central Atlantic Region

CAR Regional Director
Regina Brown

CAR Life Membership Chairman
Claire Leichliter

Central Atlantic Region Life Membership

LM Number _____
To be added by C.A.R. Chairman

APPLICATION FORM

State Garden Club _____ Date _____

Name of Applicant _____

Address _____

Telephone _____ Email _____

Member of Club _____

Given by _____

Presentation Date _____

If a gift or surprise, send to: Name _____

Address _____

Telephone _____ Email _____

C.A.R. LIFE MEMBERSHIP FEE: \$50.00

Make check payable to **Central Atlantic Region** and mail with this form to the C.A.R. Life Membership Chairman. *Please allow 1 month for processing.*

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