

TEXAS GARDEN CLUBS, INC.

APPLICATION FOR AFFILIATE MEMBERSHIP

DATE: _____

NAME OF ORGANIZATION: _____

CITY: _____

DISTRICT: _____ NUMBER OF MEMBERS: _____

Name	Address	City	Zip
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President: _____

President's phone number is required _____

Treasurer: _____

Contact (email address): _____

SPONSORING CLUB: _____

President:

Address:

Phone:

An Affiliate desiring membership in Texas Garden Clubs, Inc. must be sponsored by a federated garden club in the same district. A letter of recommendation, signed by the President of the sponsoring club, the complete name and address of the President and Treasurer of the organization wishing to become an Affiliate, this completed membership blank and a check for **\$15.00** made payable to Texas Garden Clubs, Inc should be mailed to the State Membership Chairman.

If a Plant Society, are you a chapter of your corresponding national organization?

Yes _____ No _____

If Not, please state the purpose and objectives of your organization. _____

Approved by: _____ Date: _____

Vice President - Membership / Texas Garden Clubs, Inc.