



APPLICATION FOR AFFILIATE MEMBERSHIP

DATE: _____

NAME OF ORGANIZATON: _____

CITY: _____

DISTRICT: _____ NUMBER OF MEMBERS: _____

President: _____

President's phone number is required _____

Address: _____ City: _____ Zip: _____

Treasurer: _____

Contact (email address) _____

Club's EIN#: _____

SPONSORING CLUB: _____ CITY: _____

CLUB PRESIDENT: _____

Address, Zip & Phone Number: _____

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 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.

Note: New Clubs may be under the Texas Garden Clubs, Inc. tax umbrella by applying for their own EIN number. For help with this please contact the TGC office.