



Oregon State Federation of Garden Clubs, Inc

**STATE LIFE MEMBERSHIP APPLICATION**

**(Please Print)**

Name of Recipient: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City & State: \_\_\_\_\_ Zip (+4): \_\_\_\_\_

Member of Club: \_\_\_\_\_ District: \_\_\_\_\_

Given by: \_\_\_\_\_

Send To

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City & State: \_\_\_\_\_ Zip (+4): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Needed: \_\_\_\_\_

**Mail 1 check, made payable to OSFGC, Inc. and a copy of this form to the OSFGC Treasurer:**

Karen Brown

5211 Salmon River Hwy---Otis, OR 97368-9780

541.994.2953---wkbrown@embarqmail.com

**Mail a copy of this form to the Life Membership Chair:**

Margaret Taylor

812 Adams Loop---Hod River, OR 97031-9743

541.490.9089---margaret.taylor4343@gmail.com

Life Membership with Pin: \$55

Pine Replacement: \$5

**Total Amount Enclosed: \$** \_\_\_\_\_