



FLOWER SHOW ACCREDITED MASTER CERTIFICATE APPLICATION

This form is for STATE use only, and is not to be sent to NGC Headquarters. The Life Judge is to mail the completed form to the State Credentials Chairman following the second Symposium accreditation.

DATE: _____

NAME: _____ GARDEN CLUB: _____
(name will appear on certificate as above)

ADDRESS: _____
Street City State Zip

E-MAIL: _____ LIFE CERTIFICATE DATE: _____

- THE APPLICANT MUST HAVE:
1. A LIFE CERTIFICATE THAT BEARS A DATE FOUR (4) MONTHS PRIOR TO THAT OF THE FIRST COURSE LISTED BELOW.
 2. FULFILLED SYMPOSIUM ATTENDANCE REQUIREMENTS.
 3. PASSED ALL POINT SCORING EXAMINATIONS IN THE SYMPOSIUMS LISTED BELOW.
 4. EACH SYMPOSIUM TAKEN AT LEAST FOUR MONTHS APART.
 5. ONLY TWO SYMPOSIUMS TAKEN FOR CREDIT WITHIN A CALENDAR YEAR.

FIRST SYMPOSIUM

SECOND SYMPOSIUM

STATE SPONSOR: _____

LOCATION: _____

DATE: _____

POINT SCORING GRADES: HORT. _____ DESIGN _____ HORT. _____ DESIGN _____

State Flower Show Judges Credentials Chairman
Signature