



National Garden Clubs, Inc.
Gardening Study Schools
(Please print or type.)

Name _____ Date _____
(last name, first name)

Address _____

Telephone/Email _____

Applicant's Garden Club _____

Applicant's State Garden Club _____

Date of Master Certificate (date earned) _____ State (where Master Certificate was earned
and where records are kept. If different, provide both states.) _____

Date of Last Refresher _____

Good Standing Date (date current certificate expires) _____

Approved and verified _____
State GSS Chairman Date

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Consultant is eligible for Emeritus status.

NGC Headquarters,

Please remove the above referenced NGC Gardening Consultant from the active file and note as Emeritus. We thank this Consultant for their service to NGC as a Gardening Consultant.
Comments:

Approved and verified _____
NGC GSS Chairman Date