



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

Name _____ Garden Club _____
(last name, first name)

Address _____

Email _____ Telephone _____

Two courses with exam grades needed for reinstatement – Exams are waived for applicants who are 70 years of age or older.

Series # _____ Course taken: Course I Course II Course III Course IV

Course dates _____ Exam grades _____

Location _____

Series # _____ Course taken: Course I Course II Course III Course IV

Course dates _____ Exam grades _____

Location _____

Exams waived – applicant's date of birth _____

Approved _____
State GSS Chairman Date

Comments:

Approved _____
NGC Accrediting Chairman Date