

**National Garden Clubs, Inc.
Landscape Design Schools**

STUDENT ROSTER

NGC GARDEN CLUB MEMBERS* AND NON-MEMBERS OF NGC GARDEN CLUB

Course _____ Series _____ Dates _____ State Garden Club _____

Venue (City/State) _____

ROSTER

Please list names alphabetically by last name. Abbreviate State Garden Club e.g. NY, NC

Send to: NGC LDS Regional Accrediting Chairman & to NGC Schools Secretary, NGC Headquarters, St. Louis, MO

*NGC Garden Club Member (M): A NGC member belongs to a garden club, affiliated with, a state garden club in the National Garden Clubs, Inc. (NGC)

Name (Last, First, Middle) Address City, State, ZIP	Garden Club Member (M) or Non-Member (NM)	TOTAL GRADE OF EXAMS + (For Lectures a through i)	TOTAL READING = Exam Grade	FINAL GRADE

