

National Garden Clubs, Inc. Landscape Design Schools

STUDY RECORD AND CREDENTIAL APPLICATIONS FORM

If your name and address has changed pleased list new data here and note former data on reverse of this sheet, checking here _____.

Name _____ (first, middle, last)

Street Address _____ City _____

State/Zip _____ Home Phone (____) _____

E-mail _____

Member Garden Club _____

State Garden Club _____

STUDENT RECORD

COURSE	SERIES	SITE (CITY, STATE)	DATES	GRADE
I	_____	_____	_____	_____
II	_____	_____	_____	_____
III	_____	_____	_____	_____
IV	_____	_____	_____	_____

* Passing grade is 70 or above. If course must be repeated, please attach additional forms.

Out-of-State Students: Send copy of this record to home state LDS Chair signed below by out-of-state LDS Chair.

REFRESHER RECORD

REFRESHER	SITE (CITY, STATE)	DATES
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPLICATION FOR: _____ Consultant Card _____ Master Card

I verify that the above is correct _____

State LDS Chairman/State Garden Club/Date

Date of Certificate _____ Application accredited _____

NGC Accrediting Chairman

Date sent to Headquarters _____ Confirmation from Headquarters _____