

Julie Schoenike  
*Four Star Membership Chairman*  
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## FOUR STAR MEMBERSHIP APPLICATION FORM

Date: \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

State Garden Club \_\_\_\_\_

Environmental Schools Completion Date \_\_\_\_\_

Flower Show Schools Completion Date \_\_\_\_\_

Gardening Study Schools Completion Date \_\_\_\_\_

Landscape Design Schools Completion Date \_\_\_\_\_

\_\_\_\_\_  
State President Signature

Where is Certificate to be presented: (please check choice)

NGC National Convention \_\_\_\_\_ State Convention/Meeting \_\_\_\_\_  
Date of Meeting Date of Meeting

Please complete application form and forward to the Four Star Membership Chairman.

\_\_\_\_\_  
Julie Schoenike, 4 Star Member Chairman

\_\_\_\_\_  
Date