

Julie Schoenike
Five Star Membership Chairman
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FIVE STAR MEMBERSHIP APPLICATION FORM

Date: _____

Name of Applicant: _____

Address: _____

City _____ State _____ Zip code _____

Daytime Phone Number: _____ E-mail _____

State Garden Club _____

Environmental Schools Master Status Date: _____

Flower Show Schools Master Status Date: _____

Gardening Study Schools Master Status Date: _____

Landscape Design Schools Master Status 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 Five Star Membership Chairman.

Julie Schoenike, 5 Star Chairman

Date