



Kitty Larkin
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 and Good Standing Dates:

Flower Show Schools Completion and Good Standing Dates:

Gardening Study Schools Completion and Good Standing Dates:

Landscape Design Schools Completion and Good Standing Dates:

State President Signature

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

NGC National Convention _____ State Convention/Meeting _____

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

Kitty Larkin, 4 Star Member Chairman

Date