

South Atlantic Region Life Membership Application

Date: _____

Member of: **The Garden Club of Kentucky, Inc.**

Name of Applicant: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Member of What Club: _____

Given by (if applicable): _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Date to be Presented: _____

If a gift or surprise, send certificate to:

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

SAR Life Membership Fee is \$65.

Please make check payable to: South Atlantic Region Life Membership

Send to the GCKY Treasurer:

Jan Worth
2305 Shannon Road
Paris, KY 40361

SAR Life Membership funds go directly to the SAR Scholarship Program Fund. This fund grants yearly scholarships to deserving young students based on the interest available in the fund.