

**President**

Lynda Dickerson  
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Greenville, MS 38703

**Chairman of State Life Membership**

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Life Membership

**Application Form**

**Name of Garden Club:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Applicant as to appear on Certificate:**

\_\_\_\_\_

**Given By:**

\_\_\_\_\_

**Presentation Date:**

\_\_\_\_\_

**Send to:**

**Name:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

\_\_\_\_\_

**Phone#:**

\_\_\_\_\_

**Email Address:**

\_\_\_\_\_

**State Life Membership cost is \$25 per applicant. Please make your check out to The Garden Clubs of Mississippi, Inc. and forward to the State Chairman.**