



2023-2025 Club Best Practice Award Application

Please complete the Application and Submit to Lisa Robinson, MGC President,
at lisarobinson@migardenclubs.org

Club _____ District _____ Size: ☐ S (0-20) ☐ M (21-50) ☐ L (51+)

Club President Name _____ Email: _____

Address: _____ City: _____ Zip: _____

Check the best practice category:

- ☐ Streamline specific leadership positions.
- ☐ Create a continuing increase in membership.
- ☐ Modifies club approach to membership to sustain active involvement of aging members and broaden inclusion of others in the surrounding community (age, gender, ethnicity, working in the home or outside the home with limited availability)
- ☐ Develops an ongoing community partnership with an organization with recognized mutual benefit

1. Describe the compelling reason to change and create a new best practice:

2. Identify the best practice, the month/year it was implemented. *Note: Best practices must be in place for a minimum of two years.*

3. List the Steps Taken to Implement the best practice (time required if applicable):

1. _____
2. _____
3. _____
4. _____
5. _____

4. Describe The Outcome and quantify the results:

5. Share Lessons Learned:

Submitted By: _____ Position: _____

Email: _____ Phone No: _____ Date: _____