

Capital Area Master Gardeners

2017 Membership Application – Annual Dues \$15.00

(\$10.00 for 2017 local dues and \$5.00 for MMGA, Inc. state dues)

Applicant must be a certified Extension Master Gardener/Advanced EMG according to MSUE policies and procedures or an Extension Master Gardener Trainee

Name: _____ Site & year of your MG class: _____

Street Address: _____

City/State/Zip Code: _____

County (where you live): _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

I give my permission to be in a CAMG Membership Directory Yes No

Photo Release: I hereby give permission to the Capital Area Master Gardeners & Michigan Master Gardener Association, Inc. to use my name, photographic likeness or audio-video recording that includes me while I was participating in a Capital Area Master Gardener or Michigan Master Gardener Association, Inc. activity. I give permission for my image to be used in all forms and media for advertising, trade and any other lawful purposes and I acknowledge that since my participation is voluntary, neither the minor children nor I will receive financial compensation.

Signature _____ Date _____

Volunteer Projects: If you would like to volunteer and be contacted for one or more of the projects this year, please put a check (✓) in the box to the left.

Cooley Gardens	Lansing Home & Garden Show <i>(Smart Gardening Training Required)</i>
Farmers Market(s)– <i>(some on Sat.)</i>	Winter Symposium
Fenner Butterfly Garden	Master Gardener Idea Bed @ MSU Hort Gardens
Holiday Party	I will Speak/Present to CAMG or others– <i>(If willing, what topic(s)?</i>

Do you have a different gardening project that you work on alone or with others *(in addition to those above)*? If so, what project(s)?

Please suggest educational gardening topics or programs and/or speakers of interest to you:

Mail this completed application, the receipt from your 2017 re-certification, and a check made out to **CAMG**.

CAMG

P.O. Box 4941

East Lansing, MI 48826

If you have questions, email mga.cac@gmail.com

-----Office Use-----

Check #/Cash: _____ Amt.: _____ Dated: _____ Date Rec'd: _____ Deposit Date: _____ Certification Verified: _____