

SAMPLE MEMBERSHIP APPLICATION FORM

Organization Name: *Master Gardener Organization of XYS County*

I wish to join the *Master Gardener Organization of XYS County*. I understand that my duties as a member of the *Master Gardener Organization of XYS County* are separate from my obligations to the WSU Extension Master Gardener Program in my county and that membership in the *Master Gardener Organization of XYS County* is not required for my participation as a local Master Gardener volunteer.

Printed Name:
Date:
Address:
Phone:
Email:

Areas you would be willing to volunteer: (fundraising, education, nominations committees,etc.)

Are you a current Master Gardener? Y/N

May we publish your name in the membership list for foundation business only? Y/N

Signature:

Return to: *Master Gardener Organization of XYS County* Secretary
C/o WSU-XYZ County Extension
P.O. Box 9000
Anyplace, WA 99990