

**MACOMB COUNTY
MASTER GARDENER ASSOCIATION**



Membership Application

Name: _____
(please print)

Address: _____

City, State, Zip: _____

Email: _____

Phone: (Home) _____ (Cell) _____

I am a:	Dues:	I am interested in volunteering:
_____ Certified Master Gardener	\$15.00	_____ Education Committee
_____ Advanced Master Gardener	\$15.00	_____ Hospitality Committee
_____ Master Gardener Volunteer in Training	\$15.00	_____ Grant Committee
_____ Master Gardener Emeritus	\$10.00	_____ Advertising
_____ Master Gardener Alumni	\$10.00	_____ Fund Raising

Membership is January through December. Yearly dues are: MCMGA \$10, MMGA \$5.

To receive your new membership card by mail, please enclose a stamped, self-addressed envelope with your application and payment.

Signature

Date

Office use only	
Application received _____	Dues paid \$ _____
Cash _____ Check _____ Check # _____	
Enrolled in MMGA _____	

Please mail completed form and check payable to MCMGA to:

Macomb County MGA
P.O. Box 380463
Clinton Twp., MI 48038