



Macomb County Master Gardener Association

2026 Membership Form

Name				
Address				
City, State, ZIP				
Email				
Phone	Home		Cell	

I am a:

- ☐ Certified Master Gardener
- ☐ Certified Advance Master Gardener
- ☐ Master Gardener Volunteer in Training
- ☐ Master Gardener Emeritus
- ☐ Master Gardener Alumni
- ☐ Foundations of Gardening
- Attendee/Graduate

I am interested in volunteering:

(Please select one or more)

- ☐ Education Committee
- ☐ Hospitality Committee
- ☐ Grant Committee
- ☐ Advertising
- ☐ Fundraising

Year Certified as EMG: _____

Speaker topics and/or name suggestions you'd like to see: _____

Signature

Date

Membership dues are \$20. Membership period is January thru December.

Office Use Only

Application received _____ Dues Paid \$ _____

Cash _____ Check _____ Check # _____