



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 # _____