

**MACOMB COUNTY  
MASTER GARDENER ASSOCIATION**



**Membership Application**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

I am a:	Dues*:	I am interested in volunteering:
_____ Certified Master Gardener	\$20.00	_____ Education Committee
_____ Advanced Master Gardener	\$20.00	_____ Hospitality Committee
_____ Master Gardener Volunteer in Training	\$20.00	_____ Grant Committee
_____ Master Gardener Emeritus	\$20.00	_____ Advertising/Marketing
_____ Master Gardener Alumni	\$20.00	_____ Fund Raising

Year certified as Extension Master Gardener \_\_\_\_\_

\*Membership dues include the \$5 MMGA dues. Membership is January through December.

\_\_\_\_\_  
Signature Date

<b>Office use only</b>	
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

Revised: 1/1/2024