



GMGA MEMBERSHIP APPLICATION FORM 2019
GEORGIA MASTER GARDENER ASSOCIATION, INC

Your Name		Phone	
Address		City	Zip code
Your Email			
Application Status (choose one)	Active MG -Local MG organization name	MG Friend	
If Joint application: Spouse/ partner name (at same address)		Phone	
Joint Applicant Email			
Joint Applicant Status (choose one)	Active MG -Local MG organization name	MG Friend	

2019 Membership Fees (membership expires annually on December 31 st)	Fee	Check those that apply	
1. Georgia Master Gardener	\$20		
2. Couple	\$30		
3. Friend of Master Gardener (nonvoting member of GMGA)	\$20		
4. The Scoop (a membership benefit sent electronically to your email and available on our webpage for free) You may also order a printed copy mailed to you quarterly if you elect this service.	\$18		
Check Total		Check #	

Make check payable to GMGA and mail to
 GMGA Membership, PO Box 1846 Flowery Branch, GA 30542
 or Pay on line by credit card at <https://georgiamastergardeners.org/about-us/membership/>

Questions: Email membership4gmga@gmail.com.

If you change your contact information during the year, PLEASE mail the VP Membership at membership4gmga@gmail.com