



MASTER GARDENERS of GREATER NEW ORLEANS MEMBERSHIP APPLICATION

(Please type in all information, print, and either mail to our MGGNO P.O. Box or bring to the General Meeting with payment – Thank you!)

Name:			
Address:			
City:		State: LA	Zip:
Best Contact Phone No.:			
E-mail Address:			
Occupation (current/past?)			
Year of LMG Class:		If moved from another state – what state?	
Status:	<input type="checkbox"/> D Active	<input type="checkbox"/> D Inactive / Leave of Absence	<input type="checkbox"/> D New Graduate
Plant Society Membership(s):			
Specific gardening interests/expertise:			
Are you willing to serve as an officer or board member?		<input type="checkbox"/> D Yes <input type="checkbox"/> D No	
Are you willing to chair a committee?		<input type="checkbox"/> D Yes <input type="checkbox"/> D No	
Please select committee(s) you want to join:			
<input type="checkbox"/> D Communications	<input type="checkbox"/> D Community Outreach	<input type="checkbox"/> D Education	<input type="checkbox"/> D Finance
<input type="checkbox"/> D Fund-Raising	<input type="checkbox"/> D Handbook/Directory	<input type="checkbox"/> D Membership	<input type="checkbox"/> D Nominations
<input type="checkbox"/> D Projects	<input type="checkbox"/> D Special Events		
Please identify any special skills that may benefit MGGNO:			
<input type="checkbox"/> D Computer/Technology	<input type="checkbox"/> D Graphic Design/Arts	<input type="checkbox"/> D Organizational	<input type="checkbox"/> D Photography
<input type="checkbox"/> D Fund-Raising	<input type="checkbox"/> D Carpentry/Construction	<input type="checkbox"/> D Public Speaking	<input type="checkbox"/> D Writing/Grant Writing
<input type="checkbox"/> D Other:			
<p>VOLUNTEER PHOTOGRAPH NOTIFICATION: MGGNO Project Leaders are encouraged to document their efforts with photographs of their Master Gardener volunteer activities. These photos may be published on the MGGNO website which aims to inform our membership about volunteer opportunities and happenings. No names will be printed in association with these photos.</p>			

I am a Master Gardener graduate and agree to meet the annual volunteer and education requirements of the LSU AgCenter Master Gardener program.

SIGNATURE: _____ Date: _____

Dues are **\$25.00** annually, due by December 31 and delinquent on January 31 of the membership year. Please make your check payable to **"MGGNO"** and send it with this completed application to:

MGGNO, P.O. Box 55126, Metairie, LA 70055-5126

OFFICE USE ONLY

Date Check Received:	Check #:	Received By:
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