GWINNETT COUNTY MASTER GARDENERS ASSOCIATION
2019 MEMBERSHIP FORM - January 01 through December 31st

Please make check payable to: GCMGA or
Gwinnett County Master Gardeners Association

Return signed application together with payment to:
GCMGA Treasurer, Jack Bolton
5224 Bowers Brook Drive, Lilburn GA 30047
Email: gcmgatreasurer@gmail.com

☑ Name: _____

☑ Check either ☐ New or ☐ Renewal

☐ If renewal: Check box if your information is the same as last year.
Sign the form where indicated → and with your payment, turn it in.

MG Class of _____ or Friend of GCMGA _____

☑ **Check anything that you do NOT want shown in the online directory**.

☐ Street : _____

City: _____

Zip + 4: + _____

☐ Phone 1: (Home) _____

☐ Phone 2: (Cell)_____

☐ Email: _____

☑ **Check Membership Level**

☐ Friend of GCMGA $15 ___

☐ Master Gardener Member of GCMGA $15 ___

Cash_____ /Check # _____Amount $ _____

One form per member . . .

A Release Form is required for participation in GCMGA fieldtrips and activities. Please return completed, signed, and dated with payment.

LIABILITY AND RELEASE FORM

I realize that when engaged in *Gwinnett County Master Gardeners Association (GCMGA)* activities, that serious physical injury and personal property damage may accidentally occur. I further realize that there is always the possibility of having an allergic reaction to or being poisoned by handling or ingesting plants and that adverse reactions may result in mild or fatal illness.

Knowing the risks, I agree to assume the risks and agree to release, hold harmless, and to indemnify the *Gwinnett County Master Gardeners Association* and any officer or member thereof, from any and all legal responsibility for injuries or accidents incurred by myself or my family during or as a result of any and all *GCMGA* activity, field trip, excursions, meeting or dining, sponsored by the Association.

Signature :

→_____

Date: _____

For GCMGA Programs, Events and more . . . visit

www.gwinnettmastergardeners.com