



Long Island Master Gardeners 2019 Membership Application

Membership effective from January 1 to December 31, 2019

Please check appropriate box: Renewal New

Name _____, Master Gardener Graduate, Class year _____
Or Associate Member

If this is for dual membership, complete below for the second member.

Name _____, Master Gardener Graduate, Class year _____
Or Associate Member

Address _____

City _____ State _____ Zip code _____

Home phone (_____) _____ Cell phone (_____) _____

E-mail _____

LIMG would like to know what other organizations members are affiliated with. Many members are active in community and volunteer organizations, and have interesting hobbies. This information will help determine award recipients and who may serve as a group presenter.

Please list all community and volunteer organizations to which you are a member and any hobbies and skills you may have. _____

Annual dues: **\$25.00** per member or **\$35.00** for a couple (significant other relationship) living at the same address. Make check payable to **Long Island Master Gardeners**.

Send this completed membership form and check to:

Ms. Lorraine Leacock

76 Division Avenue

Blue Point, NY 11715

Check number: _____

Please note that prompt return of this membership application with your check saves LIMG considerable labor and mailing costs.

Thank you!

Nancy Lynch

LIMG Membership Director

Please list on the other side any comments, suggestions, etc. you may have.