



Lowcountry Master Gardener Association

www.LowcountryMasterGardeners.org

APPLICATION FOR MEMBERSHIP in the Lowcountry Master Gardener Association

Name _____

Address _____

City, State, Zip _____

Email _____ Phone _____

Are you a renewing member? _____

In what year and state were you certified as a Master Gardener? Year _____ State _____

Gardening organizations to which you belong or have belonged

Special skills or interests _____

Your Association needs your help!

Would you be willing to serve on a committee? **Yes**____ **No**____

Would you be interested in serving on the Board? **Yes**____ **No**____

Comments _____

Please send your check for \$15.00, payable to LMGA, to
Treasurer Susan Harden
121 Sunset Blvd.
Lady's Island, SC 29907

Memberships are renewable each year on December 31, and are not pro-rated.