



# MASTER GARDENER FOUNDATION OF YAKIMA COUNTY

## ***MEMBERSHIP APPLICATION FORM***

Foundation Name: *Master Gardener Foundation of Yakima County*

I wish to join the *Master Gardener Foundation of Yakima County*. I understand that my duties as a member of the *Master Gardener Foundation of Yakima County* are separate from my obligations to the WSU Extension Master Gardener Program in my county and that membership in the *Master Gardener Foundation of Yakima County* is not required for my participation as a local Master Gardener volunteer.

Printed Name:
Date:
Address:
Phone:
Email:

Areas you would be willing to volunteer: (fundraising, education, nominations committees, etc.)

Are you a current Master Gardener? Y/N

May we publish your name in the membership list for foundation business only? Y/N

Signature: \_\_\_\_\_

Return to: *Master Gardener Foundation of Yakima County, Secretary*  
C/O WSU-Yakima County Extension  
2403 South 18<sup>th</sup> Street, Suite 100  
Union Gap, WA 98903-1637