



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 18th Street, Suite 100
Union Gap, WA 98903-1637*