



Central Alabama Master Gardener Association

Annual Membership Form

Due: 1st Tuesday in December

Print Name _____ Birthday (MM/DD) ____/____

If your information is correct on the Service Report website, you may skip to the Membership selection section.

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Year of your Master Gardener Graduation _____ Class County _____

Membership *(includes graduating interns):*

___ CAMGA Membership Dues - **\$25 (\$15 for CAMGA, \$10 for state)**

___ Pay **\$15** if you are already paying state dues through another county's Master Gardener Association

Provide Name of Association of AL Membership: _____

___ Pay \$15 if you are a Lifetime AMGA Member

Checks should be made payable to CAMGA.

Amount Enclosed: Check \$ _____ Check Number _____ or Cash \$ _____

Or, Plan to pay \$ _____ in person with debit/credit card

You may mail this completed form and dues to the current CAMGA Treasurer:

Sherri Davidson
638 Haggerty Rd
Wetumpka, AL 36093