Central Alabama Master Gardener Association
Annual Membership Form

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

Please update this information for the year 2027 membership.

Address _____City ____ _____Zip _____

Preferred Phone # _____ ☐ Cell Phone ☐ Home Phone

Email _____

Year of your Master Gardener Graduation _____Class Host 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 a different Master Gardener's Association. Provide Name of Association of AL Membership: _____

☐ Pay **$15** if you are a Lifetime AMGA Member

Checks should be made payable to CAMGA, Inc.

Payment Type & Amount:

☐ Check payment of $_____ (check #_____) on _____(date).

☐ Cash payment of $_____ on _____ (date).

☐ Credit/Debit payment $_____ on _____ (date).

Due: Tuesday, November 17, 2026.
Please mail checks to the Membership Chair:
Robin Snyder, 185 Tacoma Drive, Coosada, AL 36020

Updated 09/15/2026