**Texas A&M AgriLife Extension—Guadalupe County**

**Application for Master Gardener Class 34**

**July 28 through November 17, 2020**

|  |  |  |
| --- | --- | --- |
| **Tuesdays**  1:00p.m. to 5:00 p.m.  **Application Deadline**  **July 17, 2020** | *Agri*Life Extension  210 East Live Oak  Seguin, TX 78155 |  |

By making this application you state your pledge to become a Certified Member of Guadalupe County Master Gardeners (**GCMG**). Understand that in doing so you make a substantial commitment to further the mission of educating others in sound horticultural practices. Your obligations are summarized in items 3 and 4 below.

1. **Your Contact Information** (Please print legibly.) The information you provide in section 1 will be included in a roster given to fellow classmates and the general GCMG membership. You too will receive these rosters. This information is not to be shared with others.

|  |  |  |
| --- | --- | --- |
| Name: | | Day phone |
| Home Address | | Night phone |
| City | County | Cell Phone |
| Zip | Email address | |

**2. Additional information.** This information is not included in rosters

|  |  |
| --- | --- |
| Check √ one | And tell us a little more… |
| \_\_\_ Employed | Where? |
| \_\_\_ Retired | Profession you retired from |
| \_\_\_ Other | Please explain |

**3. What GCMG** **Requires You do between July 2020 & NOV 2021 to become a certified Master Gardener:**

|  |  |
| --- | --- |
| **Initials ↓** | By initialing each item below I agree, that as a GCMG Student/Intern, I will: |
| **\_\_\_\_\_\_\_** | * 1. **Pay tuition by attaching $235** to this application. |
|  | * 1. **Undergo** a **personal background check** as required by Texas AgriLIFE EXTENSION (cost is included in tuition fee). |
|  | * 1. Attend a **minimum of fifty (50) hours of classroom and field instruction**. |
|  | * 1. **Complete open-book, take-home tests** given on specific subjects. |
|  | * 1. Give a **minimum of fifty (50) hours of volunteer service** in GCMG approved projects within one year (NOV 2021) of completing the training program; |
|  | * 1. **Report volunteer hours worked** each month |

**4. What GCMG expects of you once you become a Certified Member:**

|  |  |
| --- | --- |
| **Initials ↓** | Once I become a certified Master Gardener. I further commit to: |
|  | * 1. **Use the knowledge I gain to educate the public on sound horticultural practices** and do my best to accomplish the GCMG mission and goals. |
| **\_\_\_\_\_** | * 1. . **Continue as an active member** of GCMG by:   + Performing a minimum of **twelve (12) hours of volunteer service annually**;   + Attending **six (6) hours of approved continuing education annually**;   + **Reporting volunteer hours** on a regular basis;   + **Paying annual local dues (dues were $20.00 for 2020)**   + **Updating a personal background check** every three years, or as required |

1. **Master Gardeners’ commitments to you. Now and in the future,** Guadalupe County Master Gardeners, Inc. and Texas A&M AgriLife Extension Service will:

* **Make you feel welcome** as part of the GCMG family;
* **Provide you quality training** and associated materials;

**6. Maintain accurate records** of the volunteer hours you report;

* **Facilitate your continued learning** through regular meetings, activities and newsletters;
* **Provide opportunities for you to become a certified instructor** in an array of specializations**;**
* **Create opportunities for you to practice what you teach;**
* **Provide opportunities for volunteer services** at GCMG approved projects;
* **Welcome your full participation** in the business affairs of the organization

We want you to understand that you are signing up for more than just taking gardening classes.

If you need more details, visit our website, [www.guadalupecountymastergardeners.org](http://www.guadalupecountymastergardeners.org), to see the **GCMG Mission, Bylaws, and Operating Guidelines**…and current and archived issues of our **Award Winning Newsletter,** see the newsletter for upcoming topics and presenters.

**We mean it when we say you are welcomed! Be our guest at our monthly membership meetings,**

6:15 p.m. 3rd Thursday of each month

**Please sign below** and complete the rest of the application.

Signed Date

Guadalupe County

AgriLife Extension/Master Gardeners office

210 E. Live Oak Street

Seguin, TX 78155

**How to Apply**

1. Carefully consider the requirements of the Master Gardener Program.
2. Fill out this application in legible print, answering each question as thoroughly as possible.
3. Mail or deliver your completed application with a $235 check, money order or credit card

by July 1, 2020 to:

**Guadalupe County Master Gardeners**

**Class 34 Registration**

**210 E. Live Oak**

**Seguin, Texas 78155**

1. Questions? Contact the Class Coordinator:

**Kay McElveen**

[hkaymceleveen@gmail.com](mailto:hkaymceleveen@gmail.com)

Home: 830-401-4420

Cell: 479-790-2933

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***Credit Card Payment Authorization Form***

Please sign and complete this form to authorize Guadalupe County Master Gardeners to apply charges to your credit card accoun

t

listed below for class tuition.

By signing this form

you give Guadalupe County Master Gardeners permission and authorization for the following:

-

Permission to charge tuition fees for the Master Gardener Class

-

I understand that there will be an additional $6.00 processing fee added to the transaction.

Please Complete the information below:

I

authorize Guadalupe County Master Gardeners to charge my

credit card

Account indicated below for tuition and fees for

Master Gardener Class.

Name as it appea

r

s on Card:

Billing Address:

Billing Zip Code:

Phone:

**Signature**

**Date:**

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms ou

tlined above. This

payment authorization is for the goods/services described ab

ove. I certify that I am an authorized signer

of t

his credit card and that I will not dispute

the payment with my credit card company; so long as the transaction

corresponds

to the terms indicated in this form.

Credit

card

payment

will

incur a processing fee of $6.00 per transaction.

**Account Type: Visa MasterCard Discover American Express**

**Account Number:**

**Expiration Date:**

**/**

**CVV (3 digit number from back of card):**

**Amount**

***:***

***$241.00***

***only***

