



Membership Form

Last Name: (Print) _____

First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____

Email Address: _____

Membership Level

Fee: \$30.00 Friend of the Master Gardener Foundation ☐

Fee: \$10.00 Master Gardener (Active, Emeritus, Intern, Trainee) ☐

Additional Donation to Master Gardener Foundation: \$ _____

☐ Check # _____ ☐ Cash _____ ☐ Card _____

Communications Consent

Please Check Only One

____ I agree to receive electronic communications from Spokane Master Gardener Foundation.

____ I request all communication from Spokane Master Gardener Foundation be sent to me at my mailing address.

All information is necessary to keep members informed of the Spokane Master Gardener Foundation events and opportunities. Your information will be kept confidential and at no time will be shared with outside organizations, individuals, and/or companies.

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spokane.mastergardenerfoundaion.org