

# ORCAS ISLAND GARDEN CLUB MEMBERSHIP 2020-21



DATE: \_\_\_\_\_ NEW \_\_\_\_\_ RENEWAL \_\_\_\_\_ Individual (\$20) \_\_\_\_\_

Donations gratefully accepted \$ \_\_\_\_\_

Please PRINT clearly:

NAME: \_\_\_\_\_  
(Last) (First)

EMAIL: \_\_\_\_\_

Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP \_\_\_\_\_

**Master Gardeners are valuable resources for our club. We like to identify who they are.**

**I completed the Washington State University Master Gardener Program: Yes \_\_\_ No \_\_\_**

**I am a Master Gardener trained at: \_\_\_\_\_**

**Suggestions for programs or feedback for the Club: \_\_\_\_\_**

\_\_\_\_\_  
\_\_\_\_\_

**Print this application, enclose check, and return to:**

**OIGC Membership Chair, PO Box 452, Eastsound, WA 98245**