



Student Membership Application Form

Name: _____

Address: _____

City & Province: _____ Postal Code: _____

Email address: _____

Preferred telephone: _____

Alternate telephone: _____

Name of institution and year of the Master Gardener Program you are completing

Please describe an interest or skill that you would like to pursue with the MGAA:

Do you agree to receive our emails? (circle one option) Yes / No

I understand that photos or video (digital media) may be recorded at an MGAA event and that it is impossible for MGAA to control who is included in that recording. Digital media that includes me may be published on the MGAA website and in marketing without my permission, and that the MGAA does not assume responsibility if I had requested to be excluded. If that occurs, I can request MGAA to remove the content that includes my picture.

Dues: \$10.00 per year while registered in a program of MGAA studies: benefits expire December 31st of the year that studies are completed. Active Membership benefits are available after that.

Signature: _____ Date: _____

Master Gardeners Association of Alberta, Email: membership@mgaab.org

Feb 12, 2018

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