

GWINNETT COUNTY MASTER GARDENERS ASSOCIATION 2022 MEMBERSHIP FORM

Return signed application together with payment to:

GCMGA Treasurer, **Jack Bolton** 5224 Bowers Brook Drive, Lilburn GA 30047

Email: gcmgatreasurer@gmail.com

Name: _____

Check either New or Renewal

MG Class of _____ or Friend of GCMGA _____

Check anything that you do NOT want shown in the online directory.

Street: _____

City: _____

Zip + 4: + _____

Primary Phone _____

Email: _____

Check Membership Level

Friend of GCMGA \$15 ____

Master Gardener \$15 ____

Cash _____ /Check # _____ Amount \$ _____

A Release Form is required for participation in GCMGA fieldtrips and activities. Please return completed, signed, and dated with payment.

LIABILITY AND RELEASE FORM

I realize that when engaged in *Gwinnett County Master Gardeners Association (GCMGA)* activities, that serious physical injury and personal property damage may accidentally occur. I further realize that there is always the possibility of having an allergic reaction to or being poisoned by handling or ingesting plants and that adverse reactions may result in mild or fatal illness. Knowing the risks, I agree to assume the risks and agree to release, hold harmless, and to indemnify the *GCMGA* and any officer or member thereof, from any and all legal responsibility for injuries or accidents incurred by myself or my family during or as a result of any and all *GCMGA* activity, field trip, excursions, meeting or dining, sponsored by the Association.

Signature : → _____ Date: _____