



2024 Membership Form

Southwestern Indiana Master Gardener Association, Inc.

TREASURER INFO.

Check #:
Date received:
Amount:

Mail this form and membership dues to:

SWIMGA Membership, PO Box 173, Inglefield, IN 47618-0173

Each member must complete his/her own membership form and enclose a check for dues payable to SWIMGA. Note "Membership Dues" on the check. For 2024, the dues are \$25 per individual or \$40 per Master Gardener couple. All Master Gardeners and Interns are eligible for SWIMGA membership. *(For Master Gardener couples, please return both completed membership forms along with your check.)*

Deadline is December 31, 2023 for Master Gardeners. Failure to meet this deadline will result in your name not being included in the Membership Directory. You may bring your form and check to a meeting or mail the form to the address listed above.

Please print:

Name: _____ **Year Joined:** _____

Address: _____

City/State/Zip: _____ **Birth Date:** _____

County: _____ **Cell Phone:** _____

Day Phone: _____ **Evening Phone:** _____

Email (please print clearly – L, 1, etc.) _____

I would like the monthly newsletter mailed to me though the US Postal Service and I am paying an additional fee of \$15 to cover postage, paper and printing.

_____ No check mark indicates that the newsletter will be emailed to me at no additional cost.

If you vacation elsewhere during the winter, please indicate your forwarding address and months gone:

Master Gardener Level: _____

If you submit your volunteer hours to a source other than to SWIMGA (e.g. Gibson or Warrick County), please indicate that information here: _____

Please check skills or interests that you are willing to share with SWIMGA:

- | | | |
|-----------------------------|--|-------------------------------|
| _____ Audio / video | _____ Extension Office phone / clerical | _____ Public Relations |
| _____ Carpentry | _____ General Office (copies, collating, etc.) | _____ Speaker's Bureau |
| _____ Computer Data Entry | _____ Graphic Design | _____ Teaching |
| _____ CPA / Accounting | _____ Hardscape Design/Implementation | _____ Website design / assist |
| _____ Demonstration at MGDG | _____ Marketing | _____ Other: _____ |
| _____ Engineering | _____ Photography | _____ Other: _____ |

EMERGENCY CONTACT INFORMATION In the event of an emergency, please contact:

Name: _____ **Phone number:** _____

I am allergic to or have the following medical conditions/needs: (continue on reverse side, if needed)

** Please list on the reverse side any suggestions for programs/speakers (**including yourself**) and their contact information along with your horticultural expertise.

Please note: All Master Gardeners must complete the "Purdue Master Gardener Volunteer Application and Agreement" every year through MG Manager to be considered "a member in good standing."