



## New Member Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: (h) \_\_\_\_\_ or (c) \_\_\_\_\_

E-mail address: \_\_\_\_\_

*(All notices will be sent via email unless otherwise noted).*

1. Why do you want to be a member of the Oklahoma Gardeners Association?

2. What is your perception of Oklahoma Gardeners Association activities?

3. Have you been trained in the past as a Master Gardener? \_\_\_\_yes \_\_\_\_no

4. What are your specific interests or hobbies? (photography, journalism, teaching, computer skills, etc.)

5. Do you volunteer for any other organizations at this time? What organizations? Time spent per month volunteering?

**The mission of the Association is:**

- To educate the community using research-based information to improve horticultural practices.

**The objectives of the Association are:**

- To share researched/proven horticultural information to individuals and groups within the community,
- To develop community programs related to horticultural needs and requests,
- To develop a volunteer network that is administratively self-sufficient,
- To provide horticultural education and fellowship for Association members, and
- To generate funds for the purpose of supporting Association programs and other horticulture-related organizations.

**I understand in order to become a certified Member of the Association, I must:**

- Pay New Member Applicant Fee to the Association at the time of application,
- Volunteer 20 hours on Association Committees during the current calendar year,
- Complete 10 hours of continuing education during the current calendar year, and
- Submit to a background check every 3 years.

**When acting as an Association volunteer I agree to:**

- Respect and safeguard the health, safety and property of other volunteers and/or the public,
- Demonstrate a supportive, cooperative attitude to the Association, other volunteers and the public,
- Complete my duties in a responsible manner and to the best of my ability,
- Recommend and use research-based information,
- Adhere to the Association Bylaws and Policies and Procedures, and
- Provide quality service to the public without regard to socioeconomic level, race, color, gender, sexual orientation, disability, religion, age or national origin.

**The Association will:**

- Communicate expectations and responsibilities to volunteers,
- Provide continuing education opportunities,
- Provide monthly meeting venues, and
- Provide volunteer opportunities.

I have read and understand the above and agree to abide by the conditions.

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Applicant Signature

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Membership Committee Chair or Designee Signature

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Date

**\*Below is for Membership Committee Use Only.**

**New Member Applicant Fee Paid:**

**Cash** \_\_\_\_\_ **Check** \_\_\_\_\_ **Credit/Debit** \_\_\_\_\_

Approved: October 2017

Revised: August 2024