



Reinstating Member Form

(Please print legibly)

Name: _____

Address: _____

Phone number: (h) _____ or (c) _____

E-mail address: _____

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

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 to become a certified Member of the Association, I must:

- Pay Reinstatement 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.

As an Association member, 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.

Applicant Signature

Date

Membership Committee Chair Signature

Date

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

Reinstatement Fee Paid:

Cash _____ Check _____ Credit/Debit _____