



Master Gardener Foundation of Thurston County

“Helping Gardeners Grow”

3054 Carpenter Rd., SE, Olympia, WA 98503

mgftc.org

Membership and Donor Application

___ I wish to be an **Individual Member**. Dues of **\$10.00** per calendar year (Jan-Dec) are enclosed.

Individual members consist of Master Gardeners, Master Gardener Trainees, Master Recycler Composters and MRC Trainees. They may vote and hold elective office. They may attend Member Meetings, classes and events at no or reduced charge. Members may choose to donate to the MGFTC in addition to their membership dues.

___ I wish to be an **Associate Member**. Dues of \$10.00 per calendar year (Jan-Dec) are enclosed. *Associate members support the purposes and goals of MGFTC. They may vote and hold elective office. They may attend Member Meetings, classes and events at no or reduced charge except the activities which require participants to be a Master Gardener or Master Recycler Composter. Members may choose to donate to the MGFTC in addition to their membership dues.*

___ I/we wish to be a **Business Member**. Dues of \$25.00 per calendar year (Jan-Dec) are enclosed. *Business members support the purposes and goals of MGFTC. They may vote and hold elective office. They may attend Member Meetings, classes and events at no or reduced charge except the activities which require participants to be a Master Gardener or Master Recycler Composter. Members may choose to donate to the MGFTC in addition to their membership dues.*

___ I/we wish to be a **Donor** of the Master Gardener Foundation of Thurston County in the amount of \$_____ Donors will receive a letter acknowledging their tax-deductible contribution.

The Master Gardener Foundation of Thurston County is a non-profit 501(c)(3) corporation organized and existing under the provisions of the Washington Nonprofit Corporation Act (Chapter 24.03 of the Revised Code Washington {RCW} with IRS Tax ID #91-1898726. Your contributions are fully tax-deductible as allowed by law.

Today's Date: _____

Name/Business Name: _____ MG YR _____ MRC YR _____

I prefer to have my/our name listed as: _____

Address: _____ City, State and Zip Code: _____

Telephone: _____ E-mail Address: _____

You will be contacted with Foundation business information by email. If you prefer to be contacted by letter, please check here ____.

(NOTE: Your contact information is NOT shared with any person or entity outside the Foundation. Fill in only the information you wish to share. At the very least, provide your **name, e-mail address, & MG/MRC status** if applicable)

Make checks payable to: “MGFTC” Mail to: MGFTC Attn: Membership, 3054 Carpenter Rd., SE, Olympia, WA 98503

Volunteering Interests/Skills:

- | | | | |
|-------------------------|----------------------------|-------------------------|-------------------|
| ___ Plant Sale | ___ Computers | ___ Marketing/Publicity | ___ Skilled Labor |
| ___ Bloomin’ Bingo | ___ Website | ___ Board/Committees | ___ Irrigation |
| ___ Spring Greening | ___ Office Work/Accounting | ___ Membership | ___ Composting |
| ___ Handicrafts | ___ Grant Writing | ___ Teaching | ___ Up-cycling |
| ___ Other Fundraising * | ___ Legal | | |

*Please list any other interests or skills you may have: