Master Gardener Program Application

Date:_____

Name:_____

Street Address:_____

City:_____Postal Code:_____

Email:_____

Home Phone:_____Work Phone:_____

Cell:_____Fax Number:_____

How many years of experience do you have gardening in Alberta? _____

Do you have any gardening experience elsewhere? Yes___No___. If Yes, please specify details_____

_____.

List any plant societies or gardening clubs that you are currently a member of or have been affiliated with, please specify details of involvement:

_____

_____.

Have you taken any gardening or plant course? Yes___No___. If Yes, please list course(s) and location(s)_____

_____
_____.

Are you currently a member of the Devonian Botanic Garden 'Friends of the Garden' Association? Yes___Membership No. ___

During the past year how many times have you visited the Devonian Botanic Garden? _____

Have you visited any other public gardens in the past year? Yes___No___ If yes, which ones?_____.

Have you done any volunteer work before? If yes, please list the organization(s) and your role(s) there: *Master Gardener graduates are required to contribute 10 hours per year in a volunteer capacity at the DBG in order to maintain their status.

_____
_____
_____.

How did you learn of the Master Gardener Program and what do you hope to achieve in taking this course?

_____
_____
_____
_____
_____
_____.

Are you presently employed? Yes___No___. If yes, full*___or part time____. What is your current occupation?_____.

Are you or do you plan to work in the horticulture industry? If yes, in what capacity? _____

_____.

State your education history, listing program details and completion dates:

_____

_____
_____
_____
_____.

Please write a short paragraph outlining your current gardening interest(s), including projects that you are pursuing, as well as, topics that you would like to learn about.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

*Candidates employed full time will find the program requirements difficult to meet.

Payment Method: ___Visa/___Mastercard –Card Number_____
Expiry date:____/_____(mm/yyyy) Name on card:_____
or Cheque(s) -(3 Qty. $200, $440, $335) enclosed ___

***credit cards will be charged in installments corresponding to payment deadline dates. Cheques can be post-dated to payment deadline dates. Confirmation will be sent to you upon acceptance. One receipt will be sent upon final payment of the program. It is acceptable to pay for the entire program in one transaction; if you are paying in full please check here_____.**