



Membership Information

New Application Renewal

Member Information

First Name _____ **MI** _____ **Last Name** _____

Street Address _____ **City** _____ **State** _____ **Zip Code** _____

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

E-mail Address _____

Preferred Members Only Userid: _____ **Preferred Members Only Password:** _____

Personal Data

Yes No **Master Gardener?**

Yes No **Allow membership information in MWGS directory?**

Yes No **Own a Business?**

_____ Name

Yes No **Able to volunteer for various MWGS activities?**

Mail Electronic **Do you want the newsletter by mail or electronically?**

How did you hear about MWGS?

Partner/Spousal Information

First Name _____ **MI** _____ **Last Name** _____

Work Phone _____ **Cell Phone** _____

E-mail Address _____

Preferred Members Only Userid: _____

Preferred Members Only Password: _____

Complete the above information and mail this application with a check for the amount of membership and any donation amount desired to Minnesota Water Garden Society, Attn: Membership Coordinator, 2500 Flag Ave S. St Louis Park, MN 55426