

AAMGA MEMBERSHIP FORM
APRIL 1, 2008 - MARCH 31, 2009

Master Gardener: (\$10) _____

Or

Friend of AAMGA: (\$15) _____

Address _____

City: _____ State: _____ Zip: _____

Telephone Numbers

Home _____ Work _____

Cell Phone _____

E-mail _____

Please indicate with an **X** how you plan on getting your newsletter.

E-Mail _____ Mailed by Post _____

Please mail this completed form and your check to:

Susan Drinkard
1081 Godfrey Place
Athens, GA 30605
sudrinkard@aol.com
706-549-2988