



**Atlantic Master Gardeners
Association**

Application for Certification

Name
Email address

Course History	
<input type="checkbox"/> Plant Identification	<input type="checkbox"/> The Art of Gardening
<input type="checkbox"/> The Science of Gardening	<input type="checkbox"/> MG Summer School
<input type="checkbox"/> Maintaining the Garden	

Volunteer Hours report
<input type="checkbox"/> enclosed
<input type="checkbox"/> previously submitted

A volunteer hours report must be submitted each year to maintain your certification.

Signature of applicant

date

Signature of Volunteer coordinator

date