



Lexington County Master Gardeners Volunteers, Inc.
MEMBERSHIP APPLICATION

The mission of LCMGV is to provide gardening support to its members and to the community through inspiration, education, and leadership.

Name _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Phone(s) Mobile _____ Home _____

E-mail _____ County of Residence _____

State _____ County _____ Certification From (ie Clemson) _____ Year _____

*** Interns Only –Which county do you wish to receive your certification/ mentor from ? _____

**LCMGV Membership Dues (Single=\$15 / Per Couple=\$25) by check
or via PayPal to [PayPal to info@lcmgv.org](mailto:info@lcmgv.org)
w/ note in the 'What's this for' section saying 'Membership Dues'**

**Scan and email application to Membership Chairperson Sue Banks suebanksmsg@gmail.com
or Mail to LCMGV, PO Box 714 Lexington SC 29071**

LCMGV Membership

All members agree to keep contact info current and pay Annual Membership Dues unless otherwise noted.

Nonpayment of dues will result in being removed from LCMGV communications/access to Members Only website.

****Clemson Certification requirement to maintain certification is
30 hrs per year= 20 hrs Educational Service and 10 hrs Continuing Ed.**

**Clemson Cooperative Extension requires ALL Master Gardeners representing LCMGV to have a background
check. If not already completed & passed, please sign for permission below:**

_____ (name) authorize South Carolina Master Gardener, a Clemson University
Extension Program, to conduct a background check investigation before representing LCMGV at volunteer events.