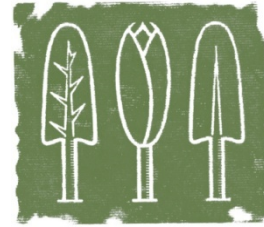




## Application



Date: \_\_\_\_\_

Name: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_  
*Street City State/Zip*

County and Precinct: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

***This information is solely for Mercer's use and will not be shared with a third party.***

Are you 18 years of age or over? Y N

Will you be able to attend the required classes?  
(Every Thursday for 12 weeks from 9 a.m. to 3:30 p.m.) Y N

Will you be able to complete 40 hours of volunteer service  
within 12 months following course completion? Y N

Have you participated in the Master Gardener Program? Y N

Why do you want to become a Texas Gulf Coast Gardener?

Please list any plant or garden related organizations to which you belong.

How long have you lived in the Houston area?

How long have you been gardening?

