



# MASTER GARDENERS PROGRAM

Taos County Cooperative Extension  
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Taos, NM 87571 Phone: (575) 758-  
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## 2021 APPLICATION FORM

March 15 – June 28 (each Monday evening)

Registration Fee \$150/person  
(Make checks payable to Taos Master Gardener)

Registration will be accepted: February 5 – February 25

Due to COVID19, training will be held online with recorded classes and live virtual Q&A sessions. Access to a computer or tablet and internet is required. Training begins March 15, 2021 and continues each Monday evenings through June 28, 2021. Online classes allow flexibility to complete each class within a one-week time frame.

I wish to become a Master Gardener (MG) in Taos County. I understand that in exchange for the training provided and by submitting this application, you agree to the following terms:

- No refund for cancellation after application deadline February 25, 2021.
- I agree to volunteer a minimum of thirty (30) hours to the MG Program within the year of 2021 and attend 75% of the classes.
- I understand that I will qualify to become a Certified MG when I successfully complete the required volunteer hours.

**All fields are required.** If a field does not apply, please type N/A or

none. Name \_\_\_\_\_

Title/Occupation \_\_\_\_\_

Business Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Please Check One  Non-Commercial Applicant  Commercial

Applicant Years of Gardening Experience \_\_\_\_\_

Type of Gardening Experience and Related Training \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List any areas of specialization or hobbies: (i.e. flowers, vegetables, ornamentals, houseplants, community gardening, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any experience you may have as a Volunteer working with the community: (i.e., schools, youth, churches, senior citizens, hospitals, half-way houses, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any group affiliations you may have (i.e., garden clubs, community gardens, plant societies, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you learn about the Master Gardener Program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to become a Master Gardener? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I agree to the terms of this Application and verify that the information I provided is correct.**

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

*Please mail in your payment and completed application to the:  
Taos County Cooperative Extension Office  
202 Chamisa Road Ste. B  
Taos, NM 87571*