



**MASTER GARDENER TRANSFER REQUEST FORM FOR ACTIVE
MEMBERSHIPS IN GOOD STANDING
COMAL MASTER GARDENERS ASSOCIATION
325 Resource Drive
New Braunfels, Texas 78132-3775**

Applicant's Name: _____

Address: _____

Telephone: Home: _____ Cell: _____

Email: _____

Instruction for Transfer Applicant:

This form must be forwarded to the Master Gardener Association you are transferring from for the verification your Active membership status, statement of current Volunteer and Continuing Education hours and Background Check status. Send completed, signed form to the Comal Master Gardeners Association Membership Chair at the above address or scan and email to membership@comalmg.com.

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I certify the above person to be a Certified Active Member in good standing with the _____ County Master Gardener Association in the State of _____.
The member has completed _____ Volunteer hours and _____ Continuing Education hours during the current calendar year. The member has a current Background Check performed by _____ which will expire on _____

Signature of President of current Master Gardener Association/Date

Signature of Coordinating Agent for current MG Association/Date

Address of Agent: _____

Telephone: _____ *Fax:* _____ *Email:* _____