



MEMBERSHIP APPLICATION

2024

Please Check One:

____ Current Member: *Payment due on or before January 31. \$15 late fee after January 31.*

____ New Member: *Dues are listed below and are in effect January 1-December 31.*

Name: _____

Name of Business: _____

Address: _____ City: _____ Zip Code: _____

E-Mail: _____

Cell Phone #: _____

CK	CATEGORY	AMOUNT	#	TOTAL DUE
	Primary Member	\$ 60.00		\$60.00
	Associate Members: <i>Please list each person's name. Use back side if necessary.</i>	\$ 10.00 per person		

BUSINESS INFORMATION *Check here if no changes from previous year.*

Areas Served (Counties, Cities): _____

Services & Specialties: _____

Business Website: _____

Business Phone #: _____ Business Email: _____

 **Check box if you want FREE WEBSITE ADVERTISING. Please note: Your information will appear exactly as you submit on this form. No edits will be made.**

- **To pay by CHECK:** Mail application and check to address below.
- **To pay by ZELLE:** aprogardener@gmail.com payable to Association of Professional Gardeners. Mail application to address below or scan and send to: barowley02@gmail.com.

MAIL TO: Association of Professional Gardeners, 9880 Loretta Lane, South Lyon MI 48178

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