

T E X A S

Master  
Naturalist™



**BRAZOS VALLEY CHAPTER  
TEXAS MASTER NATURALIST™ PROGRAM**

This program is a collaborative effort of Texas A&M AgriLife Extension Service, Texas Parks and Wildlife Department, and the Biodiversity Research and Teaching Collection.

Educational programs of the Texas AgriLife Extension Service - Brazos County are open to all people without regard to race, color, sex, disability, religion, age or national origin. Enrollment in the TMN training class and membership in the organization are limited to persons 18 years of age or older.

Application to attend the 2021 Basic Training Session:

**Tuesday evenings 6:00 – 9:00 p.m., September 7 through November 23, 2021**

Classes will be held at the Biodiversity Research & Teaching Collections.

Five Saturday morning field trips (9/11, 9/25, 10/16, 10/30, 11/13)

Tuition Fee for the training session is **\$165** per person or **\$295** for two persons sharing a textbook.

**DEADLINE** to submit application and fee is **September 3, 2021.**

Class size is limited. To assure space, submit early.

Name: \_\_\_\_\_  
(As you wish it to appear on your certificate, please print clearly)

Name: \_\_\_\_\_  
(As you wish it to appear on your name tag, please print clearly)

Mailing Address:

Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: Home ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

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

**Confirmation and notices will be by email, please print clearly.**

You may register electronically or the old-fashioned way. The tuition fee is \$165 (or \$295 for a couple willing to share curriculum textbook). Complete **BOTH PAGES** of this form.

Electronically: Scan or photograph the form and email to [membership@txmnbv.org](mailto:membership@txmnbv.org). Pay online with a credit card: go to <https://txmn.org/brazos/welcome/>, on the right side scroll down to Support Our Chapter, click on Store, then 2021 New Class Training Tuition.

The Old-Fashioned Way: Fill in the form, print, and mail with a check payable to **TMN Brazos Valley Chapter** to:

**TMN Brazos Valley Chapter  
Attn: Betty Vermeire  
PO Box 9126  
College Station, TX 77842-9126**

Occupation/Employer: \_\_\_\_\_

If not employed what was your former occupation? \_\_\_\_\_

Student (Undergrad or Graduate)/Advisor Name: \_\_\_\_\_

Receiving academic/course credits for taking this training (circle):    Yes    No

Initial EACH item:

\_\_\_\_\_ I have reviewed the Training Schedule provided and am available to attend all classes and field studies. Any classes that are missed must be made up in the next training cycle in order to complete the classroom requirement.

\_\_\_\_\_ I understand I will be required to complete at least 40 hours of Volunteer Service and eight hours of Advanced Training within 12 months of the start of classes to become a Certified Texas Master Naturalist and a member of the Brazos Valley Chapter.

\_\_\_\_\_ I understand that to maintain Certified Status as an active member of the Texas Master Naturalist Program, I must complete at least 40 hours of Volunteer Service and eight hours of Advanced Training each year and pay annual chapter dues.

\_\_\_\_\_ I understand that a mandatory criminal background check will be run by the TMN.

How did you hear about Texas Master Naturalist Program? \_\_\_\_\_

Briefly describe why you are interested in the Texas Master Naturalist volunteer program.

Indicate any organizations of which you are a member, or have volunteered time during the last two years. Indicate the average number of hours you have volunteered for each organization on a monthly basis.

**Liability Release:**

In consideration of being accepted as a participant in the Texas Master Naturalist Volunteer Program, I hereby release, discharge, and agree to hold harmless the Program and its sponsoring state agencies, their agents, employees, officers and successors, from all personal injuries (including death), known and unknown, or damage to property caused by or arising out of activities performed under the Texas Master Naturalist Program.

By signing below, \_\_\_\_\_ (print your name) accepts the Liability Release listed above.

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