



MEMBERSHIP APPLICATION

Personal Information			
Full Name		Email Address	
Preferred Name for name tag		Home Phone	
Street Address		Mobile Phone	
City/State/Zip		Emergency Contact Name and phone#	
County		Occupation	

Interests & Preferences (check all that apply)

<u>Educational</u>	<u>Field Research/ Surveys</u>	<u>Chapter Admin</u>
<input type="checkbox"/> Speaking, Presentations <input type="checkbox"/> Guide or Docent <input type="checkbox"/> Public Event <input type="checkbox"/> Planning/Hospitality <input type="checkbox"/> School Group Tours <input type="checkbox"/> Networking with Educators	<input type="checkbox"/> River Ecosystems <input type="checkbox"/> Coastal Ecosystems <input type="checkbox"/> Prairie Ecosystems <input type="checkbox"/> Native Plant/Seed Collection <input type="checkbox"/> Wetland Ecosystem <input type="checkbox"/> Habitat Restoration <input type="checkbox"/> Plant & Wildlife Census	<input type="checkbox"/> Communications <input type="checkbox"/> Web & Computer Work <input type="checkbox"/> Newsletter <input type="checkbox"/> Fund Raising <input type="checkbox"/> Chapter Event Planning/Hospitality <input type="checkbox"/> Photograph/Artwork <input type="checkbox"/> Construction <input type="checkbox"/> Chapter Leadership

What are your personal objectives in joining Texas Master Naturalists?

How many hours per month are you currently volunteering? What other volunteer organizations do you belong to, and what have you gained from your association with those organizations?

What special knowledge, skills, hobbies, interest, training and educa/on do you have that could benefit the Chapter and Community?

Please enroll me in the PWLTMN Chapter Class beginning: Date-_____

Signed: _____ Date: _____

Mail this completed form, with your **\$150 check (\$255 for couples), payable to PWLCTMN**, to PWLCTMN Class, c/o AgriLife Extension Polk, 602 E Church St, Ste 127, Livingston, TX 77351