

FCMGA 2026 REGISTRATION PAYMENT FORM

MASTER GARDENER VOLUNTEER

Please print your contact information below and mail this form with your check.

MAIL YOUR CHECK AND FORM TO:

FCMGA REGISTRATION
 PO BOX 2033
 Merrifield, VA 22116

First name: _____ Last name: _____
List my name in the directory as: _____
Street Address: _____
City, State, ZIP: _____
Email: _____
Primary Phone: _____

DESCRIPTION	AMOUNT	LINE TOTAL
REGISTRATION FEES:		
<input type="checkbox"/> FIRST YEAR INTERN REGISTRATION FEE	\$200	
<input type="checkbox"/> 2 nd YEAR, 3 rd YEAR AND CERTIFIED MASTER GARDENER FEE	\$100	
<input type="checkbox"/> EMERITUS MASTER GARDENER VOLUNTEER*	\$0	
<i>*Please note: Emeritus volunteers do not need to submit this form unless they wish to make a donation or purchase the printed 2026 Membership Directory.</i>		
<input type="checkbox"/> OPTIONAL - Printed copy of FCMGA Directory	\$10	
DONATIONS:		
<input type="checkbox"/> FCMGA SCHOLARSHIP FUND		
<input type="checkbox"/> GEORGE GRAINE MG COLLEGE SCHOLARSHIP FUND		
<input type="checkbox"/> BOB WARHURST CONTINUING EDUCATION SCHOLARSHIP FUND		
<input type="checkbox"/> FCMGA HORTICULTURE SUMMER INTERN SUPPORT		
<input type="checkbox"/> VIRGINIA MASTER GARDENER ENDOWMENT FUND		
TOTAL		

CHECK #: _____

MAKE ALL CHECKS PAYABLE TO FCMGA
 Thank you!