

**SHEBOYGAN COUNTY MASTER GARDENER VOUNTEER ASSOCIATION**  
**Honorary Life Member**  
**Application**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

Year – MGV Level 1 Completion \_\_\_\_\_

Person submitting application: \_\_\_\_\_

Leadership Roles and Contributions to Sheboygan County MGV Association:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Community Contributions as a MGV: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MGV Awards and Recognition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_