

**REINSTATEMENT MEMORANDUM OF AGREEMENT**

*For individuals who wish to re-enter the program following extended period of inactive status*

I have read the University of Arkansas Master Gardener policies. I wish to be reinstated as a Master Gardener in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County. I understand that I will be required to complete the 20 learning and 20 working hours for the year of reinstatement pro-rated on a quarterly basis. In order to retain certification in subsequent years, I will volunteer 20 hours and obtain 20 hours of learning annually and fulfill the membership requirements of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County Master Gardener bylaws.

Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County Agent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4/2015