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| DivLogo | **Annual Request for Official Approval of the Master Gardener Program and Certification of Nondiscrimination** | **mglogo(COLOR)** | PCT-15Rev. 4-15-2025 |
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| Name of Group |       |
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| Purpose of Group |       |
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| This is to certify the above Master Gardeners Association is open to all eligible persons regardless of race, color, sex, national origin, religion, age, disability, marital or veteran status, genetic information, sexual preference, pregnancy, or any other legally protected status, and UADA is an equal opportunity institution. |
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| Master Gardener in charge of Master Gardeners Association (print name) |       |
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|  |       |  |
| Signature | Date |       | County |       |
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|  | **Official Approval for Master Gardener Association** |  |
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|  | On the basis of the above purpose(s), the |       |  |
|  | is authorized to use the Master Gardener name and emblem in connection with its program and activities. |  |
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|  | County Extension Agent – Staff chair |       |  |
|  | (Print name) |  |  |
|  |  |  |  |
|  |  |  |  |
|  | County Extension Agent – Staff chair |       |  |
|  | (Signature) |  |  |
|  |  |  |
|  | Date |       | Enter County |       |  |
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