MASTER GARDENERS PROGRAM

Taos County Cooperative Extension Service
202 Chamisa Road, Suite B, Taos, NM 87571
Phone: (575) 758-3982 Fax: (575) 758-0997
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2027 APPLICATION FORM

January 18th, 2027 – May 31st, 2027 (live Q&A every Thursday)

Registration Fee $150/person

(Make checks payable to Taos Master Gardener)

Training will be held online with recorded classes and live virtual Q&A sessions. Access to a computer or tablet and internet is required. Training begins Monday January 18th, 2027. Weekly recorded presentations can be accessed any time, and a live Q&A session occurs weekly on Thursday evenings, through April 16, 2026. Online classes allow flexibility to complete each class within a one-week time frame. Once the student roster is confirmed, students have the opportunity to decide if they would like to meet in-person during a weekday evening to watch the presentations collectively.

By submitting this application, I wish to become a Master Gardener (MG) in Taos County _____ (initial). I understand that in exchange for the training provided, I agree to the following terms:

- No refund for cancellation after application deadline January 18th, 2027.
- I understand that I will qualify to become a Certified MG when I successfully complete the required volunteer 30 hours.
- I agree to attend 75% of classes.

All fields are required. If a field does not apply, please type N/A or none.

Name _____

Title/Occupation _____

Business Name _____

Mailing Address _____

City _____ **State** _____ **Zip Code** _____

Daytime Phone _____ **Evening Phone** _____

Email Address _____

Please Check One ☐ **Non-Commercial Applicant** ☐ **Commercial**

Applicant Years of Gardening Experience _____

Type of Gardening Experience and Related Training _____

_____

List any areas of specialization or hobbies: (i.e. flowers, vegetables, ornamentals, houseplants, community gardening, etc.) _____

List any experience you may have as a Volunteer working with the community: (i.e., schools, youth, churches, senior citizens, hospitals, half-way houses, etc.) _____

Please list any group affiliations you may have (i.e., garden clubs, community gardens, plant societies, etc.) _____

How did you learn about the Master Gardener Program? _____

Why do you want to become a Master Gardener? _____

I agree to the terms of this Application and verify that the information I provided is correct.

_____ Date: _____

Signature

Please dropoff/mail in your payment and completed application to the:
Taos County Cooperative Extension Office
202 Chamisa Road Ste. B
Taos, NM 87571

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