



Agreement-of-Transfer

Name	Email Address
Address, City, Zip Code	
Daytime Phone	Evening Phone

I agree to complete and report 30 hours-of-volunteer time and six (6) Continuing Education Unit's (CEU's) in the next twelve (12) months.

Thereafter, 30 hours-of-volunteer time and six (6) CEU's will be completed annually to maintain my status as Bexar County Master Gardener Extension Program.

Annual Reporting time is from January 1st thru December 15th.

I'm including my annual membership fee of \$25 (check payable to Bexar County Master Gardeners).

Signature Date

County Transferring From	Name of County Extension Agent
Email Address	Telephone

I acknowledge that _____ has been in good standing since _____.

Master Gardener Volunteer Year

His/Her background check is valid through _____.

Month/Year

County Extension Agent's Signature Date

David Rodriguez, Date
 County Extension Agent – Horticulture

Return Agreement Form and Membership Fee to:

Texas A&M AgriLife Extension Service
 Attn: David Rodriguez
 3355 Cherry Ridge, Suite 212
 San Antonio, TX 78230-4818
 210-631-0400