
	<h2 style="margin: 0;">Agreement of Transfer</h2>	
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Name	Email Address
Address, City, Zip Code	
Daytime Phone	Evening Phone

I will attend an interview with the AgriLife Extension Horticulturist and representatives of the BCMG Board.

If accepted, I agree to:

Pay for a background check as required by Texas A&M AgriLife Extension Service.

Pay the BCMG dues for the current year and for a BCMG badge.

Complete additional training requirements that may be assigned by the AgriLife Horticulture Agent within 12 months.

Thereafter, 30 Volunteer Hours (VHs) and 6 Continuing Education (CE) hours, which must include attending two BCMG Monthly Meetings, will be completed annually to maintain my certification as part of the Bexar County Master Gardener Extension Program.

Annual Reporting time is from Dec 1 thru Nov 30 of the following year.

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,
County Extension Agent – Horticulture

Date

Return Agreement Form to:

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