

## **North Central Arkansas Master Naturalists**

142 Lago Lane, Elizabeth, AR 72531

Thanks for your interest in the 2018 Arkansas Master Naturalist training program. Spaces are limited and will be filled in the order applications and payments are received. Please type or print clearly and return your application and a check for \$165 made payable to NCAMN, to the address above. This fee includes training expenses of \$135 and \$30 annual dues for the year January 1, 2018 through December 31, 2018. Training starts January 20, 2018. Couples are entitled to a \$35 discount if they choose to take only one set of books and field guides (\$295 for two).

Name:		
Name as you wish it to a	opear on your name tag:	
Address:	City:	Zip:
Home Phone:	Cell Phone:	Work:
Email Address:		
T-Shirt Size:S M L XL	2XL 3XL	
How did you learn about	the Arkansas Master Naturalist p	rogram?
Occupation (If retired, fo	rmer occupation):	
program:	erest in the Arkansas Master Natu	
Please list any organizati	ons you are a member of or have	volunteered with in the last two years:

may include computers, ph	rests that could be beneficial to the Arka notography, secretarial, graphic arts, pul g or education you have relative to Arka	blic speak	ing, spec	ific kn	owledge, etc.
Master Naturalists are curractivity.	rently involved in the following activities.	. Please r	ate your	interes	st in each
(Circle one)		High	Medium	Low	None
Education/Public	Information Trail Guide/Interpreter Children's Programs	<b>н</b> н	M M	L L	N N
Field Research/Surveys	Stream Team Plant and Wildlife Census Native Plant ID	н н н	M M M	L L L	N N N
Outdoor Labor	Trail Construction Greenhouse Outdoor Projects	н н н	M M M	L L L	N N N
Administration	Board Officer Committee Chair Record Keeping Newsletter or Website	Н Н Н	M M M	L L L	N N N N
and giving back to the com Naturalist you must comm	uralist program is a volunteer organization munity through volunteer work. In orde it to provide 40 hours of volunteer servion ng, and pay \$30 in annual dues.	er to be an	active, C	Certifie	d Master
By signing my name below	v I am stating that I am at least 18 years at program, and intend to become an act				
				_/_	
	Signature			Da	te

For more information about our program, our mission and our activities, please visit our website at: http://wordpress.arkansasmasternaturalists.org

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**Print Name**