Queens Botanical Garden

MASTER COMPOSTER CERTIFICATE PROGRAM
APPLICATION FOR ADMISSION

Name: _____

Address: _____
Street City State Zip

Phone: Day _____ Evening _____ E-mail: _____

How did you hear about the Master Composter Certificate Program?
__ Newspaper __ QBG Newsletter __Other _____

Why are you interested in becoming a Master Composter?

Do you have any composting experience? Please explain.

How would you use Master Composter credentials?

Please list community organizations with which you are affiliated.

Please list all the languages you speak.

To be considered for admission to the 2008 class, please return completed application by February 1, 2008 to:

Compost Project
Queens Botanical Garden
43-50 Main Street
Flushing, NY 11355
compost@queensbotanical.org

Questions? Call QBG's Compost Project at 718.539.5296 (LAWN).