

LAS FLORES COMMUNITY GARDEN
APPLICATION FOR MEMBERSHIP

NAME: _____ PLOT: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

TELEPHONE #: _____ CELL #: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT (Name/Phone): _____

GARDENING EXPERIENCE: _____

SPECIFIC GARDENING INTERESTS: _____

HOBBIES: _____

CLUB MEMBERSHIPS/ACTIVITIES: _____

BY SIGNING THIS APPLICATION YOU UNDERSTAND AND AGREE:

- 1. THE GATE CODE IS NOT TO BE GIVEN TO ANYONE WITHOUT PERMISSION FROM THE BOARD.**
- 2. NO ONE IS TO BE ON THE GARDEN PREMISES UNLESS THEY HAVE SIGNED A WAIVER.**
- 3. THOSE LISTED ON WAIVERS ARE NOT GARDEN MEMBERS AND ARE NOT SHARING THE RENTED PLOT.**
- 4. YOU HAVE READ, UNDERSTAND AND AGREE TO ABIDE BY LFCG'S RULES AND BYLAWS.**
- 5. FAILURE TO MAINTAIN AND PLANT PLOT AS REQUIRED, COMPLETION OF WORK HOURS, PAYMENT OF FINES, OR THE CORRECTION OF ISSUES WITHIN THE 3 WARNING TIME FRAME MAY RESULT IN MEMBERSHIP TERMINATION WITHOUT REFUND OF PLOT OR SECURITY FEES.**

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

=====

OFFICIAL USE ONLY

RENTAL FEE: _____ CHECK #: _____ DATE: _____

DEPOSIT FEE: _____ CASH: _____ DATE: _____

TOTAL DUE: _____

DATE RESIGNED: _____ DEPOSIT REFUND DATE: _____

NOTES: _____