



Logan Township Community Garden

Membership Application 20__

Applicant Information

Name: _____

Address: _____

Cell Phone : _____ Email: _____

Please choose a **size** and a **term**.

If a "new" gardener, would you like to be paired with an experienced garden volunteer?

PLOT If experienced, would you volunteer to be a garden mentor?

- 13 X 11 ft
 One year (\$20)
 New gardener
 Experienced gardener

Plot Rental Fees: \$ _____ Non-resident fee: \$10

Plot No: _____ Total Fee: _____

I plan to grow Flowers Vegetables Vegetables and Flowers Other _____

Payment is due at time of Application. All fees are NON-Refundable. Maximum of two large plots per household.

I have read and agree to the Membership Rules, and Gardening Guidelines

I have read and signed the Hold Harmless Agreement.

Emergency Contact: _____ Cell Phone: _____

**Gardeners are required to volunteer at least 4 hours each season.
Please indicate your preferred task. You will be assigned specific guidelines.**

- Weeding common areas
 Mowing
 Garden Mentor (to a new gardener)
 Spreading wood chips
 Fence Repair
 Events Planning

Signature: _____ Date: _____

Club Use only

Payment: _____ Check # _____ Notes: _____ Registered by : _____

Date: _____ mail Green Market /library