Marysville	NB Community Harvest Gardens Inc (NBCHG) Membership Application 2017

NOTE: All applicants for NBCHG garden plots must read and agree to follow the NBCHG Gardeners Agreement and Safety Guidelines (please see Membership Handbook)

(All information will be kept confidential)

Name:_____

Address: (street, city, postal code)_____

Phone Number(s):_____E-mail:_____

In case of emergency, please notify: _____Relationship_____

Contact phone number(s) _____

For statistical information only (optional)

Your age: ❑under 25 ❑25-34 ❑35-44 ❑45-54 ❑55-64 ❑65+

Occupation: _____ ❑ Recent Immigrant (within 5yrs.) ❑ First Nations

NBCHG General Annual Membership Fee: ❑ New ❑ Renewal **$10.00**

NBCHG Annual Garden Plot Fee:

❑ **New Gardener** Garden Plot 4ft x 15ft - **$20.00** ***enclosed*** + $

NOTE: - You will be placed on our waiting list – plot assignments begin May 6, 2017

❑ **Renewing Gardener** – My Plot #(s) _____ **@ $20.00 each** ***enclosed*** + $

As a non-profit group, we accept donations to support our projects and sponsor gardeners

Donations to NBCHG general funds + $

Donations to sponsor other garden members + $

TOTAL AMOUNT ***enclosed*** $

❑ **I will need assistance to cover my fees**

Membership in NBCHG begins January 1st, 2017 until December 31st, 2017.

Cheque made payable to: NBCHG Inc. **Drop-off/Mailing address: 16 Lawrence Cres, Fredericton, NB E3A 2H3**

My Gardening Experience: ❑ None ❑ Some ❑ Expert

❑ I would like to be matched with a Garden Mentor

Do you have any special needs to be addressed? _____

Sub-Committee Volunteer Opportunities - Please circle your area(s)of interest:

Executive *Events* *Communications* *Membership* *Education* *Community Outreach*

Fund Sourcing *Growing/Seed Library* *Other*_____

Special skills/knowledge I can contribute to the garden community: _____

please complete other side →

PLEASE COMPLETE, SIGN THIS DOCUMENT AND RETURN WITH PAYMENT

MY RESPONSIBILITIES:

Gardeners lose the privilege of membership for failure to comply with the *Gardeners Agreement and Safety Guidelines* and for failure to maintain a neat, tidy and productive organic garden. Gardeners will receive ample notification of any concerns and reasonable assistance, as deemed appropriate, to deal with any issues raised.

MY VOLUNTEER DECLARATION: *I understand that successful and vibrant community gardens rely on the dedication of each and every gardener to not only maintain his or her own plot & surrounding pathways but contribute to the upkeep and management of the entire garden.*

I agree to volunteer in the Garden for a minimum of ***two hours per month*** *between* ***May and October inclusive*** *doing the following:*

☐ ***Maintenance Committee:*** *monitor & report garden maintenance issues, schedule & lead general work bees*

☐ ***Garden Mentor:*** *guide and support new gardeners in the planting & maintenance of their plot*

☐ ***Adopt-A-Market-Garden-Row:*** *maintain one 2 ft. x 25 ft. row throughout growing season*

☐ ***U-PICK-By-Donation:*** *guide visitors, measure & record produce picked, collect donations on Saturdays*

☐ ***Edible Forest Project:*** *help maintain the Edible Forest beds throughout the growing season*

☐ ***Compost:*** *help maintain garden waste/compost pile*

☐ ***Work Bees:*** *participate in scheduled general maintenance events*

I am available ☐*week-days* ☐*week-nights* ☐*Saturdays* ☐*Sundays* ☐*Other* _____

DISPUTE RESOLUTION: The Executive of NBCHG will be the final arbitrator in issues of dispute.

LIABILITY: I understand that NBCHG Inc. and the owners of the land are not responsible for my actions. Thereby, I agree to hold harmless NBCHG Inc. and the owners of the land for any liability, damage, loss or claim directly or indirectly that occurs in connection with use of the garden by me, my family or any of my guests.

PHOTO PUBLISHING PERMISSION: I agree (☐disagree) that pictures taken of me or my family at the garden may be used for promotional or educational purposes.

By signing below, I confirm that I have read and agree with the rules and guidelines set out above and in the Gardeners Agreement to ensure the success of our community garden endeavor and to inform myself of safety considerations as outlined in the Safety Guidelines. I understand that failure to follow these guidelines will result in my loss of access to the garden.

Name(print) _____ **Signature**_____

Date _____

For Use by NBCHG		
Plot #		
Date App Received	**Fees Received**	**Confirmation Sent**