



2017/2018 Membership Application

Memberships valid through September 30, 2017

Member Name(s): (please print each family/gardener member's name):

Gardener Name #1 _____ Phone #: _____

Address: _____

Email Address: _____

Gardener Name #2 _____ Phone #: _____

Address: _____

Email Address: _____

Gardener Name #3 _____ Phone #: _____

Address: _____

Email Address: _____

Membership Fees:

Individual 4x10 ft. Plot - ~~\$125/year~~ **\$90/year** (Oct. - Sept.) (new & returning members)

Inclusion in Communal Plot & Food Forest Areas - ~~\$50/year~~ **\$40/year** (Oct. - Sept.) (new & returning members)

Please Note: All Individual Plot members and Communal Plot members are required to volunteer in the Common Areas (walkways, outer perimeter, tool shed, composting areas) cleaning and or maintenance at least 3 hours per month from October thru April, for a total of 21 total hours for the season. (See “**Membership Rules**” agreement for more details.)

Friend of the Garden Membership (includes garden T-shirt) - \$40/year
*Includes FREE invitation to all special garden events.

Total Membership Fees: \$ _____

Additional Donation to the Garden (Optional): \$ _____

*Additional donations will help assist in the development of the garden for enjoyment of all.

Garden T-shirt (\$20 each / Optional): \$ _____

Total Amount Enclosed: \$ _____

Membership Agreement - I understand that neither the Community Garden Key West or its Executive Committee, GLEE (Green Living & Energy Education) or its Board of Directors, nor the Monroe County School District are responsible for my actions. I THEREFORE AGREE TO HOLD HARMLESS THE AFORMENTIONED GARDEN GROUP AND OWNERS OF THE LAND FOR ANY LIABILITY, INJURY, DAMAGE, LOSS OR CLAIM THAT OCCURS IN CONNECTION WITH USE OF THE GARDEN BY ME OR ANY OF MY GUESTS.

I/we have read and agree to the terms of this CGKW Membership Agreement, as well as the Membership Rules (<http://www.communitygardenkeywest.com/documents/2018/membership-rules.pdf>)

Signature of Member #1 _____ Date: _____

Signature of Member #2 _____ Date: _____

Signature of Member #3 _____ Date: _____

Please return signed forms with cash or check made payable to:
Community Garden Key West (CGKW), PO Box 2946, Key West, FL 33040
www.communitygardenkeywest.com