



2019/2020 Membership Application

Memberships valid through September 30, 2020

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 - **\$275/year** (Oct. - Sept.) (no work hours required)
Or, **\$190/year** (1-1/2 hours/month garden common area maintenance required)

Inclusion in Communal Plot & Food Forest Areas - **\$210/year** (Oct. - Sept.) (no work hours required) Or, **\$125/year** (1-1/2 hours/month garden common area maintenance required)

Total Membership Fees: \$ _____

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

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

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/2020/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 33045
www.communitygardenkeywest.com