

# Application of Membership growing season of 2010

## St. John Gardens Located at 3916-20 St John Ave. KCMO 64123

Member manager Marianne Rowse contact number: 816-241-5821, e-mail, stjohngardens@earthlink.net  
Site contact number: property owner Rebecca Koop 816-483-6964, e-mail beckykoop@aol.com

### Guidelines and Rules:

- I will pay a member fee of **\$15 per plot** (1 plot = 4x8 ft) to help cover community garden expenses. For small gardens plant a "tire" bed for **\$1.50** each. Great for tomato beds. Double beds are 4x18 for \$30.
- I agree to, at my own expense, provide the materials to build my raised bed plot or plots. Sizes determined by garden committee are Four by Eight ft. or Four by twenty ft. raised bed(s) (Please consult garden manager or the group on your choice of materials). I will have the option to renew my plot or plots for the next season.
- I will keep weeds down and maintain the areas immediately surrounding my plot free of trash and litter if any. If my plot becomes unkempt, I understand I will be given notice to clean it up. After a second notice it may be re-assigned or tilled in. The Garden Group will make every attempt to cooperate with members.
- If I must abandon my plot for any reason, I will notify the garden manager to sell to another garden member or donate to St. John Gardens.
- I will pick only my own crops, unless given permission by the plot user.
- I will not use fertilizers, insecticides or weed repellents that will in any way affect other plots.
- I agree to volunteer hours toward community gardening efforts. This may include group construction of special raised beds, shade areas, walkways, composting, help with chipping and shredding, tilling or other tasks that are to aid the community garden members as a whole.
- I will participate in the fall cleanup of the community garden
- I will try to attend St. John Gardens group & planning meetings.
- I will not bring pets in to the garden unless they are Service Animals Only.
- I will be a Good Neighbor.
- I will obey all laws of the city, state, county and federal government.
- I understand that neither the garden group, nor owners of the land are responsible for my, or others, actions.
- **I THEREFORE AGREE TO HOLD HARMLESS THE ST. JOHN GARDENS GROUP, SPONSORS AND OWNERS OF THE LAND FOR ANY LIABILITY, DAMAGE, LOSS OR CLAIM THAT OCCURS IN CONNECTION WITH USE OF THE GARDEN BY ME, MY FAMILY OR ANY OF MY GUESTS.**

Number of 4x8 beds \_\_\_\_\_ Number of double 4x18 beds \_\_\_\_\_ Number of "tire" planters \_\_\_\_\_

Total amount \_\_\_\_\_ Paid by check \$ \_\_\_\_\_

Paid by cash \$ \_\_\_\_\_

Signature of Membership Manager \_\_\_\_\_

**New Garden Member keep this copy for your records.**

**SEE PAGE 2 for APPLICATION to print out and submit. You may want to keep a copy of that also.**

**Application of Membership growing season of 2010 -- St John Garden copy.**

Circle or check what applies to you:

Date \_\_\_\_\_

1.  I am a senior Citizen.
2.  I am physically disabled
3. This is my first year at this or any community garden.  YES  NO
4.  I have gardened before at other community gardens, please list on back of form.
5. I would like a garden next to a friend, Name \_\_\_\_\_
6. This will be a family garden. List # to participate in a plot or plots. \_\_\_\_\_
7.  I will volunteer on the St. John Gardens Planning Committee.
8.  I am interested in a Children's plot or special group plot.
9.  I am asking for assisted or free garden space or materials because of financial or special needs.

Signing this form entitles the new member to build their own plot, grow their own plants & vegetables, use the rain barrel water collection system, participate in composting and meet some wonderful new gardening neighbors.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

Cell # or other contact \_\_\_\_\_

E-mail address: \_\_\_\_\_

SIGNATURE of Garden member: Must be 18 years of age or older.

**Print** full name of member: \_\_\_\_\_

**Signature** of member: \_\_\_\_\_

Number of 4x8 beds \_\_\_\_\_ Number of double 4x18 beds \_\_\_\_\_ Number of "tire" planters \_\_\_\_\_

Total amount \_\_\_\_\_ Paid by check \$ \_\_\_\_\_

Paid by cash \$ \_\_\_\_\_

Signature of Membership Manager \_\_\_\_\_