

***** Applicants must submit both This Form and the Claim Release Form *****

APPLICATION FORM

Village of Lexington Community Garden Plot

Name _____ Date _____

Street _____

City _____ ZIP _____

Phone Number _____

e-mail* _____

** e-mails are the primary means of communicating with our members*

A yearly membership of \$15 must be paid before a garden plot can be assigned. This fee goes towards expenses of the community garden.

Members have priority for retaining their garden plots for the following year if they have paid their dues by the Thanksgiving prior to the new gardening year. Members who retain their gardens do not have to complete this form subsequently (but are asked to update any changes to data in this form).

I understand that each member is expected to help general maintenance of the community garden in some capacity. The primary means of helping is to participate in the weekly workdays. If I am unable to participate then, I will find some other useful way to help out.

I have read the Lexington Community Garden Rules and understand that failure to meet the guidelines will result in loss of membership privileges.

Signature _____ Date _____