

MEMBERSHIP AGREEMENT WITH THE ARVADA GARDENERS 2024

CONTACT INFORMATION – PLEASE PRINT

Date: _____

Plot #: _____ New Member: _____ Returning Member: _____

Name: _____

Street Address: _____

City _____ State _____ Zip _____

*Phone: _____ *Cell: _____

Email address: _____

Contributions and abilities that you can bring to Arvada Community Garden:

As a garden member, what is it that you would like to achieve:

Additional Names on Plot:

Name: _____ Name: _____

E-mail: _____ E-mail: _____

*Cell: _____ *Cell: _____

Emergency Contact:

Name: _____ Relationship _____

Cell: _____

I have read and understand the **MEMBERSHIP OBLIGATIONS 2024**

Signature Date

Signature Date

Signature Date

Arvada Gardeners representative Date

*Identify best time of day to call