**Dryden Community Garden Member Agreement**

Please read and sign the following garden rules:

1. I will pay a membership fee of $5.00 to help cover garden expenses.

2. I will pay $10.00 for each 10’ x 10’ plot I wish to plant.

3. I will contribute a minimum of two (2) hours of community work time on the garden during the growing season.

4. If I must abandon my plot for any reason, I will notify the membership organizer.

5. I will keep weeds at a minimum and maintain the areas immediately surrounding my plot, if any.

6. I will keep trash and litter out of the plot, as well as adjacent pathways and fences.

7. I will participate in the fall cleanup of the garden.

8. I will plant tall crops where they will not shade neighboring plots.

9. I will not use synthetic fertilizers, insecticides, weed repellents or seeds known to be genetically modified organisms (GMOs).

10. I understand that neither the garden group nor owners of the land are responsible for my actions. I THEREFORE AGREE TO HOLD HARMLESS THE GARDEN GROUP AND OWNERS OF THE LAND FROM ANY LIABILITY, DAMAGE, LOSS OR CLAIM THAT OCCURS IN CONNECTION WITH USE OF THE GARDEN BY ME OR ANY OF MY GUESTS.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dryden Community Garden Membership Form**

Name(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City/Town

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State Zip Code

Phone (best # to reach you):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best way to contact you: Email \_\_\_\_\_ Phone\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_

Number of plots desired (plot size: 10’x10’; plot fee: $10): \_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_I am a senior citizen

\_\_\_\_\_\_\_\_I am physically disabled

\_\_\_\_\_\_\_\_This is my first year at this garden

\_\_\_\_\_\_\_\_I am returning to this garden

\_\_\_\_\_\_ I would like to be reassigned to plot #\_\_\_\_\_\_ from last year.

\_\_\_\_\_\_\_\_I have gardened before

Where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact: Christine Nash, 607-793-6392 or chrash220@gmail.com