

Nanaimo Community Gardens Society



MEMBERSHIP FORM

271 Pine St Nanaimo BC V9R 2B7
250-816-GROW (4769)
www.nanaimocommunitygardens.ca

Name: _____

Phone: _____

Address & Postal Code: _____

Email: _____

I am submitting a membership fee of:
[]\$10 []\$15 []\$20 []\$25 []other \$_____

In addition, I would like to make a donation of \$: _____

(Y/N) I would like a charitable tax receipt
(available for donations over \$15)

(Y/N) I wish to receive weekly Society email update

(Y/N) I give my permission for my image to be used in
promotional material which may include photo
albums, newspaper submissions and website

Signature: _____ Date: _____

MEMBERS INPUT

How can we better serve you and our community?

Office Use Only — Amount paid: _____
Received by: _____ Date _____
Where?: _____
Memb # _____

VOLUNTEERS NEEDED - I want to help by:

- [] Director of our Board [] Serve on Committee
- [] Sharing Gardening Knowledge
- [] Growing plants for sales [] Staffing plant sales
- [] Working with People with Special Needs
- [] Gleaning Pick Leader [] Garden Host
- [] Staffing Displays/Events [] Postering
- [] Maintaining Databases [] Proposal Writing
- [] Research [] Soliciting Donations
- [] Phone calls [] Baking or Canning
- [] Carpentry/Construction [] Tool Repair

Many different services are also needed. Please list
your occupation, skills, hobbies or
contacts with businesses and community groups

Yes I want to PARTICIPATE! Sign me up for:

- [] Renting an allotment garden
- [] Growing at the greenhouses
- [] Hands-on learning & sharing in educational garden
- [] Gleaning—harvesting surplus fruit
- [] Send me more info about programs

Please read and sign mandatory waiver below:

Gardening and gleaning are activities that may result in injury from terrain hazards, muscle strain, tool and equipment use, thorns and branches, insect bites and stings and working with others. I have read and understand all the information contained in this form and agree to accept any risks involved with NCGS activities. I agree to report any unsafe conditions or practices to a staff member immediately. If I choose to become a gleaner or work at a garden site I take responsibility to participate in a site and safety orientation.

Signature: _____

Date: _____

List any health conditions we should be aware of (eg. bee sting allergy):

Emergency contact: _____

Relationship to you: _____

Phone Number _____