

Cambridge Community Garden Application Form

Garden membership requires participation in the general maintenance of the shared areas of the community garden. This includes attending the organizational meeting and spring and fall work sessions and assisting in tasks such as mowing, weeding, and repairs. For more information, or to volunteer as a leader or mentor, please call Bliss at 518-677-3151.

Name: _____

Address: _____
 Street, City, State, Zip

Telephone - Day: _____

Telephone - Eve: _____

Email: _____

Garden Fees:

I was a member last year and want the same plot this year

	Qty	Cost	
Household annual membership	1	\$ 10	\$10/year
Small private plot (approx 240 square feet)	_____	\$ _____	\$15/year each
Large private plot (approx 600 square feet)	_____	\$ _____	\$25/year each
Corn share (approx 100 sq ft in shared block)	_____	\$ _____	\$10/year each
Optional additional donation		\$ _____	
Total due with application:		\$ _____	<input type="checkbox"/> Please tick if paid online.

Please make checks out to Hubbard Hall Projects. This form can be mailed to Community Garden c/o Bliss McIntosh, 1318 County Route 59, Cambridge NY 12816. If you cannot pay these fees and would like to apply for financial aid, please contact Bliss at 518-677-3151.

I am interested in helping with specific Common Area Garden Plot(s). Please check those that apply.

- Cane fruits or other berries
- Orchard
- Soup kitchen garden (donate produce to food pantries)
- Grains
- Flowers
- Herbs
- Pumpkin patch
- Other: _____

I hereby agree to abide by the [Bylaws](#) and [Rules and Regulations](#) of the Cambridge Community Garden, and agree to hold harmless the Cambridge Community Garden and its members from any damage, loss, liability, claim, demand, suit, cost and expense directly or indirectly resulting from, arising out of or in connection with the use of the Cambridge Community Gardens by the garden group, its successors, assignees, employees, agents and invitees.

Printed name _____ Signature _____

Date _____