

# White Mountain Community Garden

## Membership **RENEWAL** Form

Complete and deliver with payment. Hand deliver, or mail to WMCG, P.O. 3003, Show Low, AZ 85902.

Name: \_\_\_\_\_ Name badge:  have /  need;  need current year sticker

Family Member(s): \_\_\_\_\_ Name badge:  have /  need;  need current year sticker(s)

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email Address: \_\_\_\_\_ /  No Email \_\_\_\_\_ (If no email, you must keep apprised of activities through [wmcgarden.org](http://wmcgarden.org) or facebook, and be responsible for initiating communication with the garden leaders)

Mailing Address:  same as last year / OR \_\_\_\_\_

Participant Type:  Individual ( Veteran;  Disabled) /  Family /  Group \_\_\_\_\_

**Active Member** – Comes to the monthly meetings and has voting rights PLUS gardening rights / **OR**

**Garden Member** – Works in the garden but does not attend meetings or vote

Space last year?  Yes /  No; Request:  Raised bed (reason \_\_\_\_\_) /  Ground (space # assigned later)

**HEALP Participant** – Volunteers minimum of 2+ hours a week to work in the HEALP portion of the Garden

Team(s) Selection \_\_\_\_\_ (HEALP participants to stay in contact with their team leaders)

Amount Paid \_\_\_\_\_ Payment type:  Cash / OR  Check # \_\_\_\_\_  Includes \_\_\_\_\_

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

Admin Only	(Insert Date & Initials)	Admin Only	(Insert Date & Initials)
Form & \$ rec'd	_____	Name Badge(s) rec'd (or N/A)	_____
\$ Deposited	_____	Space # _____ assigned	_____
Form to Membership, List Updated	_____	Orientation 101 complete	_____
Name Badge(s) ordered (or N/A)	_____	Form complete & filed	_____

[Renewal Form3, rev. 11/18/20]

## WMCG: **SPACE RESERVATION** Form

Complete and deliver with payment. Hand deliver, or mail to WMCG, P.O. 3003, Show Low, AZ 85902.

Participant Type: Individual (  Veteran;  Disabled) /  Family /  Group \_\_\_\_\_

**Active Member** – Comes to the monthly meetings and has voting rights PLUS gardening rights / **OR**

**Garden Member** – Works in the garden but does not attend meetings or vote

Space last year? Yes / No; Request: **Ground / Raised bed** (reason \_\_\_\_\_); fee waiver requested)

Space # Assigned	Size	Sq. Ft.	Lin. Ft.	Water Systems Fee	Paid	Comment

Amount Paid \_\_\_\_\_ Payment type:  Cash / OR  Check # \_\_\_\_\_ Includes \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ [Space Reservation Form3, rev 11/18/20]

Admin Only	(Insert Date & Initials)	Admin Only	(Insert Date & Initials)
Form & \$ rec'd	_____	Space (s) Assignment confirmed	_____
\$ Deposited / <b>OR</b>	_____	Orientation 101 complete	_____
Fee Waiver Qualification approved	_____	Form complete & filed	_____