

WMCG Membership Renewal Form

Complete this form and mail with payment to: **White Mountain Community Garden, P. O. Box 3003, Show Low, AZ 85902.**

Questions? Call Mary Alice at (602) 810-8175

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 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	_____