

WMCG NEW MEMBER FORM

Complete this form and mail with payment to:

White Mountain Community Garden
P.O. Box 3003, Show Low, AZ 85902

PLEASE PRINT LEGIBLY:

Name: _____

Mailing Address: _____

City, State, ZIP: _____

Phone: Home _____ Cell: _____

Email: _____

\$ Enclosed: _____ Cash / Check # _____

Includes extra name badge for _____

Water fee (for raised beds only)

Signature: _____ Date: _____

Check all that apply: (for current membership costs see www.wmcgarden.org/plots-membership.php):

Garden Member: I want to reserve a space to work in the garden: raised bed _____ / ground _____

I also want to join the HEALP (*Healthy Eating and Living Participation*) Program, Team # _____

Active Member: I will also attend meetings & vote

Supporting Member: Enclosed is a donation in the amount of \$ _____, and a commitment to assist as a volunteer: in garden and/or other _____

Participant Type: Individual (Veteran; Disabled)

Family / group _____

Scholarship Applicant (Request attached)

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