

Long Beach Community Garden Association
ATTN: Membership Chair
PO Box 50167
Long Beach CA 90815

GARDEN PLOT APPLICATION

Name: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

List others who will be working with you on your plot: _____

I acknowledge that to hold a membership, I am required to be a resident of the City of Long Beach and hereby certify that I can provide proof of residency with a California Driver's License or ID and a utility bill with my Long Beach residency address.

SIGNATURE: _____

DATE: _____

Make your \$10.00 non-refundable check payable to LBCGA and mail it with this application to the address above. Once received by the Membership Chair, your name will be placed on the waiting list. You will be contacted when a garden plot is available for assignment.

FOR MEMBERSHIP CHAIR ONLY:

Non-refundable check included: YES NO

Initial Contact Date: _____

Meets Eligibility Requirements: YES NO

Scheduled Orientation Date: _____