



## Garden Plot Application

Long Beach Community Garden Association

ATTN: Membership Chair

PO Box 50167, Long Beach CA 90815

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: Long Beach Zip Code: \_\_\_\_\_

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

Email: \_\_\_\_\_

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

\_\_\_\_\_

How did you hear about us: \_\_\_\_\_

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.