

South Coast Community Garden Association
"Growing Together through Community Gardening"
PO Box 1772 Coos Bay, Oregon 97420

Website: socoastcommunitygardens.org - Email: socoastgardens@gmail.com

Membership Application for South Coast Community Garden Association (SCCGA)
for Gardeners at Bandon Good Earth Community Garden

Membership is open to all people on an equal opportunity basis.

Names of all Gardeners: _____

Address: _____

Telephone: _____ Cell Phone: _____

Email Address: _____

Basic SCCGA Membership dues are \$10 per calendar year and are not prorated for memberships beginning during the calendar year. Dues are payable with your application.

Annual SCCGA Membership Dues: (tax-deductible) New Member Renewing Member
 \$10 Basic SCCGA dues \$10 Additional Member dues **Total Dues: \$ _____**

Bandon Garden Plot Rental: I am a Master Gardener

Bandon Good Earth Garden Plot Application Fee **Plot Fee: \$ 35.00**

Additional Donation: Optional. Please donate at the level most appropriate for you.

Additional tax-deductible donation to Good Earth Garden. **Thank you. Donation: \$ _____**

Make check payable to Good Earth Community Garden. **Check # _____ Total Enclosed: \$ _____**

Please submit Bandon's Garden Plot Application Form along with this SCCGA Membership Application Form and all payments to the Good Earth Community Garden for processing

EITHER BY:

USPS Mail: Good Earth Community Garden, P.O.Box 1155, Bandon, OR 97411

OR

Online: Find instructions & access to secure online applying on the SCCGA website, Bandon Good Earth page. socoastcommunitygardens.org/community-gardens/bandon-good-earth-garden

Waiver of Liability

I WAIVE and RELEASE for myself, my heirs, executors and assigns, the South Coast Community Garden Association, its agents, and volunteers and the owners of the garden lands from any and all claims, losses, expenses, or liability on account of damage, injury or death, intentional or negligent, that could result from my participation or my family's or my guests' participation in the community garden program. I will also assume and pay my own medical and emergency expenses in the event of an accident, illness or other incapacity incident to or arising from my participation in the community garden. I also understand that the community garden program may take photographs of me in the garden for the purposed of program publicity.

Signature(s) of all gardeners: _____ **Date:** _____

SCCGA Office Use: Member dues received \$ _____ Additional donations to SCCGA \$ _____

The South Coast Community Garden Association is an Oregon non-profit corporation registered as a tax-exempt public charity under 501(c)(3) of the Internal Revenue Code. It operates exclusively for the charitable, scientific, literary and educational purposes for the education of the community on gardening and for providing and managing a place for people of the community to grow produce and other plants for personal use, not commercial use.