

Name _____ Plot # _____
LAST FIRST



Long Beach Community Garden Association
Membership Renewal Contract 2024/25 (May 1, 2024 – April 30, 2025)

The purpose of the Long Beach Community Garden Association (LBCGA) is to promote gardening at a community level, to allow sharing of common interests, and to provide an opportunity for enjoyable recreation and fellowship. I have read the 2024/25 LBCGA Rules & Agreements and understand that failure to follow them will result in the loss of my garden plot and my membership in the LBCGA. I also agree to the RELEASE AND WAIVER OF ALL LIABILITY AND ASSUMPTION OF RISK as stated in the Rules & Agreements, Section XV dated May 1, 2024.

Street Address (Business address NOT acceptable) _____ Zip Code _____

() _____ - _____ / _____ / 2024
Home Phone (if applicable) _____ Date _____

() _____ - _____
Cell Phone _____ Email – to receive as much current garden information as possible, an email address is required.

Vehicles (based on # of paid gate passes & openers):

Year _____ Make _____ Model _____ Lic # _____

Year _____ Make _____ Model _____ Lic # _____

Year _____ Make _____ Model _____ Lic # _____

Membership Fee: \$160

Check # _____ Signed Money Order # _____ NO CASH

Dues must be received **no later than April 30, 2024**. No further reminder will be sent prior to this date. **If not received by April 30, 2024**, a penalty of \$45 will be added for a total fee of \$205. **If not paid by May 15, 2024**, the result will be loss of garden privileges.

Use your own envelope for security to deliver payment via either US Postal Service or place in garden mailbox in front of the small barn in the Orchard. Address: P.O. Box 15944, Long Beach. CA 90815

Voluntary Garden Donation: \$ _____ (If desired, **ADD THIS AMOUNT TO THE MEMBERSHIP FEE**).
Voluntary donations are appreciated and will be used to keep costs of membership as low as possible. Because of the LBCGA tax status, donations are not tax deductible.
You can check below if you want to donate to a specific purpose – every dollar helps: Annual Picnic
 Orchard Food Bank Other as needed for the LBCG _____ (specify if desired)

MEMBER RENEWAL CHECK LIST: Signed Contract Proof of Residency Driver's License
 Payment \$160 + donation (if desired) \$ _____ = TOTAL \$ _____

By signing this contract, I agree to all of the above.

Signature (REQUIRED FOR RENEWAL): _____