



Long Beach Community Garden
Association
ATTN: Membership Chair
P.O. Box 15944
Long Beach CA 90815

Plot Membership Application

Name: _____

Address: _____

City: _____ LONG BEACH (must be a resident) _____ Zip Code: _____

Cell Phone: _____ Home Phone (if different than cell): _____

Email (make legible): _____

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

How did you hear about us: _____

Were you a former member: Yes No (circle one)

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 (at the time of orientation).

PRINTED NAME: _____

SIGNATURE: _____ DATE: ____/____/____

Submit this form with an non-refundable application fee of \$10.00 by check or money order made payable to LBCGA and mail it to address above. Once received by the Membership Chair, your name will be placed on the waiting list. You will be notified when a garden plot is available for assignment.