



Community Garden Ocean Grove Inc.

Membership/Plot Application

Year: July 2022 to June 2023

Any member of the community is entitled to apply for membership of the Community Garden Ocean Grove Inc. Membership can be individual, a family / household or a group. All adults listed on the membership form are considered financial members.

Each membership is entitled to apply to rent 1 plot only. If there are no vacant plots available, a waiting list will be maintained. Plot fee is payable once a plot is allocated.

All fees are payable to Community Garden Ocean Grove Inc.

Social membership fee (per annum; financial year)

- \$10 p.a. for an individual / family / group

Plot rental fees (per annum; financial year. **Includes membership fee**)

- Garden plot (approx. 2.4 m²) = \$60 p.a.
- Garden box (approx. 1.2 m²) = \$40 p.a.

Membership and plot rental conditions

Members and ploholders will:

- Pay the annual membership and plot rental fees
- Commit to the 'Member responsibilities and entitlements' and abide by the Garden Guidelines – see <https://ogcommunitygarden.org/garden-rules/>
- If allocated, use and make the most of their plot, and keep the area around their plot weed-free
- For plot and box-holders, commit to a minimum of four (4) involvements with the garden's communal activities (working bees, Farmer's Markets, or a combination of the two). For those joining mid-financial-year, a pro-rata expectation of involvements is expected.

Payment details:

Account name: Community Garden Ocean Grove Inc.

BSB: 633-000 (Bendigo Bank)

Account number: 152 819 835

Please email

ogcommunitygarden@gmail.com to notify us of your payment.

Applicant/s details

Contact person: Given name _____ Family Name _____

Contact phone number: _____ Email: _____

All garden notices and correspondence are sent via email.

Address _____ Postcode _____

Signature _____ Date _____

Family/household/group members (provide the first and last name for **all** people who will regularly attend the garden – this information is needed for insurance requirements). Please identify **each adult**, who will be considered financial members.

Adult 2 phone: _____ Email: _____ Receive email notices/news? Y/N

If additional adults should be included as contacts or would like to receive notices/news, include details on the back of this form.

Do you have any special physical or other needs for your membership or garden plot? Yes / No / N/A

If so, please provide details: _____

Contact in case of Emergency

Name _____ Relationship _____ Phone _____

Office Use Only

Application received _____ Payment received/banked (year): _____

Details included in membership register _____ Added to mailing lists: _____