

Fort Fairfield Community Garden

Membership Application and Agreement

Note: There will be no annual plot fee for 2016 only.

Name: _____

Email: _____

Mailing Address: _____

Phone - home: _____ cell: _____

Annual Garden Plot fee	10'x10' or 10' x 20' or wheelchair plot coming in 2017		
<div style="border: 1px solid black; padding: 5px; width: fit-content;"><i>If the plot fee is financially difficult for you to pay, please contact us as scholarships may be available</i></div>	Residents	\$25	<u>No cost in 2016</u>
	Non-residents	\$30	<u>No cost in 2016</u>

The Fort Fairfield Community Garden Committee has worked carefully to keep plot fees as low as possible to ensure that these fees remain reasonable for a broad cross section of our community.

If you are able to, please make an additional donation to help support the operating costs of the Fort Fairfield Community Garden. \$ _____

Total Amount Enclosed \$ _____

Make checks payable to *Fort Fairfield Community Garden*

Deliver or mail to:

Fort Fairfield Community Garden
The Aroostook Medical Center
Support Services
P.O. Box 151
Presque Isle, Me. 04769

I have read the Guidelines and accept all the terms of operation of the Fort Fairfield Community Garden. By signing this Application and Agreement, I hereby agree to follow the Fort Fairfield Community Garden Guidelines. If anyone has questions, please call Carrie Winslow at 768-4555 and she will assist you.

Signed _____ Date _____ 2016