

Oxford Community Garden Association (OCGA)

<http://www.oxfordcga.org/Home/membership>

P.O. Box 3122, Oxford, MS 38655

Email: oxfordcga@gmail.com

2015 Membership / Plot Registration Form

Please mail form & check to OCGA at above address or email form and pay online at our website

Name: _____ Date: _____

Address: _____

Email address(es): _____

Phone(s) (indicate home, work, or cell): _____

Sharing plot with: _____ Plot #: _____

Annual plot fee (includes \$10 membership fee):

____ 16'x16': \$35 ____ 10'x16': \$30 ____ 4'x8': \$20 ____ child 3x3' free to members

Membership only (secondary plotheolders & other OCGA participants): _____ \$10

Committee(s) I would like to help with:

Communications _____ Community Harvest _____ Education _____

Fund-raising _____ Landscaping _____

Garden Committee (help manage Garden - must have a plot) _____

Other ways I would like to help: _____

Please read the statements below and initial to indicate your agreement:

___ I agree to maintain my plot *and* the surrounding pathways, keeping them free of weeds and pests and rotting fruits/vegetables.

___ I agree to actively garden my plot at least one season per year, and to keep it mulched and tended at other times of the year.

___ I agree to contribute to the maintenance of the garden by participating in at least 3 work days per year. If I can't help with at least 3 work days, I will ask the garden manager how else to help.

___ If I decide not to continue gardening, I agree to clean up my plot and leave it ready to garden for the next gardener.

___ I agree to abide by the OCGA Rules and Regulations, which I have read carefully.

I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I do further hereby release, absolve, indemnify, and hold harmless the Oxford Park Commission, the sponsors, supervisors, instructors, officials, and/or all of them. In case of injury or sickness during any activity or practice, I likewise waive all claims against the organizers, sponsors, any supervisors, or instructors appointed by them. If I am unable to be contacted the Oxford Park Commission has permission to obtain proper medical attention.

Print Name _____

Signature _____ Date _____