

**Glover Park Community Garden Association
Application for Membership**

PLEASE PRINT, fill in application completely.

Name: _____

Address: _____

City/State/Zip: _____

Phone (h) _____ (w) _____

(mobile) _____

e-mail _____

Please describe previous gardening experience in space below:

IN APPLYING FOR A PLOT IN THE GLOVER PARK COMMUNITY GARDENS, I AGREE TO:

- pay entry fee and dues established by Executive Committee;
- honor the primary purpose of the garden, which is to raise vegetables by organic methods for family and personal use;
- abide by all rules and bylaws of the Glover Park Community Garden Association (GPCGA) and the National Park Service (NPS);
- furnish and transport lumber or similar materials for erosion control and/or path shoring;
- haul away my trash; and
- leave undisturbed the ecological balance of the gardens and the adjacent park

I CONFIRM THAT I:

- am able to perform general maintenance of my plot and the paths assigned;
- do not have a garden plot at any other public gardening facility.

Signed _____ Dated _____

**Return completed application to:
Michael R Minton – President
4431 Westover Place NW
Washington, DC 20016**

- **KEEP YOUR TELEPHONE NUMBERS AND ADDRESS CURRENT**
- **WE WILL NOTIFY YOU BY TELEPHONE WHEN A PLOT BECOMES AVAILABLE AND IF YOU DO NOT RESPOND, YOU WILL BE REMOVED FROM THE WAITING LIST**