



Nanaimo Community Gardens Society

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GROUP MEMBERSHIP FORM

This form is intended for use by schools or other community agencies that have groups of individuals (children or adults) that visit one of the Community Garden sites on an ongoing or semi-regular basis (for example, weekly during the growing season or once in the spring and once in the fall). We require that this form be filled out so that the groups are covered under our insurance and we have up-to-date contact information. The form will need to be renewed on an annual basis.

Joining as a member of the Nanaimo Community Gardens Society (NCGS) is a show of support for our mission and mandate. Your membership helps to fund the important work of NCGS, both through your membership fee and by demonstrating community support and thereby increasing our chances of securing funding.

While all members are entitled to a vote at the AGM, only 1 representative of the group will be entitled to vote. All information collected on membership forms will not be lent, rented, sold or traded.

Name of Agency/Group: _____

Phone: _____ Address: _____

Email Address: _____

We wish to receive emails from Community Gardens about events and opportunities. yes no

Group Supervisor(s): _____

At which site do you intend to volunteer? Greenhouse Irwin Street Pine Street

Number of visits you anticipate making this year 1-2 2-8 8+

Number of individuals attending (give a range if you are not certain) _____

What aspect of the garden is most important to your group?

tours working/volunteering social interaction outside play education/information

We permit photos to be taken of our group that may be used in promotional materials. yes no

We are submitting a membership fee of \$ _____ and/or a donation of \$ _____

We would like an invoice at the end of the year yes no

List any health conditions for any participant we should be aware of (eg. bee sting allergy):

Gardening may result in injury from terrain hazards, muscle strain, tool and equipment use, thorns and branches, insect bites and stings and working with others. We have read and understand all the information contained in this form and agree to accept any risks involved with NCGS activities on behalf of the group participants.

Name: _____ Signature: _____