



Nanaimo Community Gardens Society

271 Pine Street, Nanaimo, BC V9R 2B7

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www.nanaimocommunitygardens.ca

Membership Form

Membership Information

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

All members are entitled to a vote at the AGM. Memberships are valid until the end of the next AGM (held in late winter/early spring) and shall not be prorated for members joining late in the season.

All NCGS volunteers, and program participants must hold a valid membership in order to be covered under NCGS insurance.

All information collected on membership forms will be held in confidence. Phone numbers, email addresses and other information will only be used for valid society purposes and will not be lent, rented, sold or traded.

Membership fees are on a sliding scale of \$10-\$25. To ensure anyone can become a member regardless of their financial situation, the membership fee may be waived in exchange for 10 hours of volunteerism.

Name: _____ Phone: _____

Address: _____

Email: _____

Alternate contact info: _____

I am submitting a membership fee of: \$10[], \$15[], \$20[], \$25[] or other \$____

In addition, I would like to make a donation of \$: _____

Please note that as a registered charity, the NCGS issues charitable tax receipts for donations over \$15 only. I wish to be issued a tax receipt **Y / N**

I wish to receive newsletters and information about NCGS events by email **Y / N**

I give my permission for my image to be used in NCGS promotional material which may include albums, newspaper submissions and NCGS website **Y / N**

Please read and sign mandatory Safety Waiver below:

Gardening and gleaning are activities that may result in injury from terrain hazards, muscle strain, tool and equipment use, thorns and branches, insect bites and stings and working with others. I have read and understand all the information contained in this form and agree to accept any risks involved with NCGS activities. I agree to report any unsafe conditions or practices to a staff member immediately. If I choose to become a gleaner or work at a garden site I take responsibility to participate in a site and safety orientation.

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

Signature: _____ Date: _____

Office Use Only

Fee: \$_____ Donation: \$_____

Tax Receipt Amt: \$_____

Card Issued: Y / N Staff : _____

Location: _____

Volunteers opportunities Can you help in any of these areas?

Director of our Board [] Staffing plant sales [] Staffing Displays []

Proposal Writing [] Soliciting Donations [] Postering [] Gardening []

Carpentry and Construction [] Tool Repair and Maintenance []

Gleaner [] Gleaning Pick Leader []

Many different services may also needed. Feel free to list your occupation, skills, hobbies or contacts with businesses or organizations if they may be helpful.

