

ANSONIA COMMUNITY ORGANIC GARDENS

MEMBERSHIP APPLICATION & RELEASE OF LIABILITY

Name of Applicant _____

Additional Members _____

Street Address _____

Town of Residence _____ Zip Code _____

Phone Number(s) _____

Email address _____

Size of Plot desired:

_____ 20' X 40' \$20/family _____ Additional Plots @ \$10/ea

_____ 20' X 20' \$10/family

_____ 4' X 10' \$10/family _____ Prefer elevated raised bed *

* Note: Assigned by priority of need. Please tell us why you feel that you would benefit from this special accommodation (i.e. physical limitations such as back problems, arthritis, mobility issues).

I have read and agree to follow the ACOG Rules & Regulations, which have been adopted to ensure the orderly use of the property entrusted to ACOG members by the City of Ansonia. I understand that any member who does not comply with these rules shall forfeit their gardening privileges.

I also agree to indemnify and save harmless the city and all its officers, agents, and employees against suits and claims of liability of each name and nature arising out of, or in consequence of the use of public land.

Signature _____

Date _____

Please sign and return the completed application and fees to:

ACOG, Inc.
C/O Pat Evans, President
12 Jarvis Dr.
Ansonia, CT 06401

Office Use Only:

Amt Rcvd _____

Plot # _____