

**ANSONIA COMMUNITY ORGANIC GARDENS, INC.**

**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).*

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***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 nay 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 Drive  
Ansonia, CT 06401**

Office Use Only:  
Amt. Rcvd: \_\_\_\_\_  
Plot #: \_\_\_\_\_