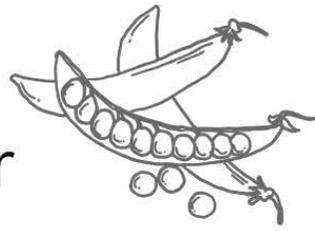


2026

Farmington Community Garden Application Membership/Volunteer

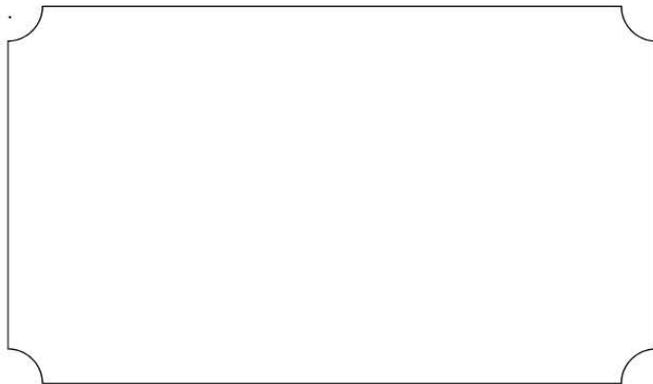


Full Name(s): _____

Address: _____

Phone(s): _____

Email(s): _____



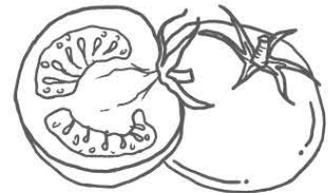
The information in this membership form will only be used to communicate with you regarding Farmington Community Garden information such as meeting dates, projects, times and will only be shared with those associated with the Farmington Community Garden

List Persons authorized to work in your garden plot:

These non-member participants must complete the **Agreement and Release Waiver and Assumption nor Risk form** before beginning work at the garden. It is your responsibility to see that this is done. (additional forms are available on the Farmington City Parks website)

The cost of each 4x8' raised bed is \$18.00 per year, with limit of 2 beds per member/household.

Number of beds _____ x \$18.00 per = _____



Make check payable to Farmington Community Garden

Mail application, waiver and fee to:

Farmington Community Garden, P.O. Box 1034, Farmington MO, 63640

For inquiries email to farmingtoncommunitygarden@outlook.com