



MEMBER CONTRACT 2018-2019

Community Garden Society of Inuvik (CGSI)

Plot Number(s):	
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Section A

Check this box if members have the same contact information.

Adult Member 1		Adult Member 2	
Name (print):			
Mailing Address:		Mailing Address:	
Email:		Email:	
Phone	H/W/C:	Phone	H/W/C:
	H/W/C:		H/W/C:
Emergency Contact		Emergency Contact	
Name:		Name:	
Relationship:		Relationship:	
Phone	H/W/C:	Phone	H/W/C:
	H/W/C:		H/W/C:
* If additional adult (18+) members associated with the plot, complete Section E on the back of this form.			
Children with the plot (print full names):			

Section B

<ul style="list-style-type: none">) Regular Box - 4ft by 8ft + 10 vol. hrs) Planter Box - 1ft by 4ft + 3 vol. hrs) No mandatory hours/deposit required for Elders or Community Plots 	See Section C regarding volunteer hours.				
Membership	✓	Plot Size	✓	STAFF NOTES SECTION	
Regular	\$25	Regular	\$50		
		Planter	\$20		
Elder		Regular	Free		
		Planter	Free		
Community		Regular	Free		
		Planter	Free		
Totals:				Full Total:	

Section C

<ul style="list-style-type: none">) Incomplete volunteer hours for the season are paid out at a rate of \$18.75/hr) \$50 fee for no-show or no call (must give 4 hours notice – special circumstances considered)) Vol. Deposit to be paid by CASH or CHEQUE only for Option 1. 	Initials	Amount Paid						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Option 1:</td> <td style="width: 15%;">Regular Plot:</td> <td style="width: 50%;">10 vol. hrs/greenhouse season + \$100 Vol. Deposit</td> </tr> <tr> <td></td> <td>Planter Box:</td> <td>3 vol. hrs/greenhouse season + \$30 Vol. Deposit</td> </tr> </table>	Option 1:	Regular Plot:	10 vol. hrs/greenhouse season + \$100 Vol. Deposit		Planter Box:	3 vol. hrs/greenhouse season + \$30 Vol. Deposit		
Option 1:	Regular Plot:	10 vol. hrs/greenhouse season + \$100 Vol. Deposit						
	Planter Box:	3 vol. hrs/greenhouse season + \$30 Vol. Deposit						
Option 2: I choose to make a payment of \$170 (regular plot) / \$45 (planter box) in lieu of completing the mandatory volunteer hours. I understand that any future volunteer hours I complete for Inuvik Community Greenhouse will not go towards refunding me this cost.								



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Section D	Initials					
	Adult Member 1		Adult Member 2		*Auxiliary Member	
I have read and fully understand pages 2-12 in the Greenhouse Member's manual. I understand the agreement shall not be modified orally.						
I have read the advisement of risk, release and medical authorization on page 12 of the member's manual.						
I have received the 2018 Member's Manual and will abide by the stated rules.						
I agree that photographs, digital images, or videotape of me and/or my family or guests participating in Community Garden Society of Inuvik activities, such as special events and regular gardening, may be taken and may be used in electronic or print versions to help promote and raise funding for the Society. This may include promotional materials, Facebook page updates, website photos, news articles, funding applications and other formats.	Please circle:		Please circle:		Please circle:	
	Yes	No	Yes	No	Yes	No

*Section E		
Auxiliary Member		
Name (print):		
Mailing Address:		
Email:		
Phone	H/W/C:	H/W/C:
Emergency Contact		
Name:	Relationship:	
Phone	H/W/C:	H/W/C:

FOR STAFF USE ONLY		
	<input checked="" type="checkbox"/>	Staff initials:
Membership Form filled out completely		
Membership and Plot fees received		
Vol. Deposit or Payout received/method of payment (chq/cash)		
Elder/Community Plot (no plot/volunteer payment required)		
Greenhouse Orientation completed		By:
Doorcode given		By: