

Anderton Therapeutic Gardens Society

Operator of The Gardens on Anderton

Federal Non-profit Registration 57026772RR0001 • B.C. Society # S36828

2012 Anderton Road, Comox

Mail completed form & payment to: PO Box 1416, Comox, BC, V9M 7Z9

MEMBERSHIP FORM

New Membership Renewal

NAME(S): _____

ADDRESS: _____ CODE: _____

CITY: _____ E-mail: _____

PHONE: _____ CELL: _____

Our general insurance liability covers members and the general public.

In case of an emergency contact: _____

Type of Membership:

\$20 Indiv. Membership \$30 Family Membership \$30 Green Thumb (\$20 Indiv + \$10 plot)

ALLOTMENT RENTALS

See form on back of this page.

VOLUNTEERING FOR ATGS

While doing the important work needed to successfully operate and maintain ATGS and The Gardens on Anderton, our volunteers experience many benefits, such as enjoying the beauty of the gardens, getting exercise and fresh air, and enjoying the social aspect of volunteering. While invite and encourage members to volunteer but understand if you are not able.

Do you wish to volunteer at the gardens? Yes No

I am interesting in comtributing in the following areas:

Marketing Executive Fundraising Special Events

Board/Committee Garden Host Gardening/Landscaping Carpentry/Building

Equipment Operation/Maintenance Other

WAIVER: I understand that neither the Anderton Therapeutic Gardens Society nor the owners of the Anderton Nursery land are responsible for my actions. Therefore, I agree to hold harmless the Society, its members or directors and owners of the land for any liability, damage, loss or claim that occurs in connection with use of the garden by me. In addition, as a member of ATGS, I agree to abide by the rules and guidelines of the Society and The Gardens on Anderton.

Date _____ Signature _____

For more info: Gardens Tel (May to Sept): 250.702.4186 or 604.476.0796(not long distance in Comox Valley)

THANK YOU FOR JOINING ATGS !!

Office Use Only:

Membership Paid \$ _____ Allotment Paid \$ _____ Volunteer Area _____

Anderton Therapeutic Gardens Society

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ALLOTMENT RENTAL FORM

Allotment # _____

New Renter Renewal

NAME(S) :

PHONE: _____

EMAIL: _____

Signature: _____

Date: _____

PAYMENT: Please make cheques payable to Anderton Therapeutic Gardens Society and mail your completed form and cheque to the PO Box on the front of this form.

Note: Your ATGS membership must be paid in advance of, or at the same time as, the allotment rental fee.

ALLOTMENT RENTAL FEES:

\$25 Per Year For Large Plots (8 X 16)

\$15 Per Year For Smaller Raised Boxes (8 X 8)

\$20 Per Year For Larger Raised Boxes On Fence (3 X 9)

FOR MORE INFORMATION CONTACT:

Allotment Coordinator: Helen Holmes - hholmes@telus.net or 250.703.0430

Volunteer Coordinator: Katie Dorans - doransk@hotmail.com or 604.476.0796 (not long distance in CV)

Office Use Only:

Amount Paid: _____

Date Paid: _____