

## Membership Application

Location of Greenspace/Vacant Lot						
Lot Owner						
Prospective Organizat	tion Name					
Primary Responsible	Person					
Address						
Phone	·					
Preferred Method of Communication:						
Secondary Responsib	le Person					
Address						
Phone						
	arden/space (ex.	vegetable Gal	den, Butterfly Garden, etc.):			
Do you have the supp	ort of the surroun	ding neighbors	s? (Especially those adjacent to the			
proposed garden spac	e?) Yes	No				
*Be sure to include si Sheet"	gnatures of suppo	rting neighbor	s on the enclosed "Neighborhood Su	upport		
Do you have voluntee	ers that are willing	to commit to	maintaining the greenspace/commun	nity		
garden?	Yes	No	If so, how many?			
List any donations that	nt you have or anti	cipate receiving	ng along with the source of the dona	tion:		

List partnering organizations that may help wi	th the establish	ment of prospective	
greenspace/garden:			
What is the approximate size and location of the	he lot?		
Has the site been cleaned or prepped?	Yes	No	
What will be the source of water?			
Where is the nearest fire hydrant (street address	ss)?:		
Attachments:			
Be sure to attach the following:			
Landscape Plan			

- Maintenance Schedule
- Photo of vacant land ("Before" photo)