



Midland Health Community Garden Established in August 2016

Individual garden plots measuring 5' x 13' are available to rent for \$32 per year or \$16 per half-year. Applicants must be a resident of Midland County.

A completed application includes <u>all</u> of the following:

- Signed Gardener Application
- Signed Memorandum of Understanding
- Copy of Texas driver's license or Texas ID card (for each person in household)
- Copy of current utility bill and/or lease agreement with Midland address
- Check for \$16 or \$32 made payable to: Midland Memorial Foundation

Submit application and check by mail:

ATTN: Clarissa Toll Midland Memorial Hospital 400 Rosalind Redfern Grover Pkwy. Midland, Texas 79701

| GARDENER APPLICATION | | DLAND |
|---|-----------------------|------------|
| Plot Holder's First Name: | | |
| Last Name: | | |
| Mailing Address: | - GA | KUEN |
| City: State: | Zip Code: | |
| Phone Number: E | mail Address: | |
| Please list the names and relationships of those authorized to work in your plot: | | |
| First and Last Name: | Relationship: | |
| First and Last Name: | Relationship: | |
| First and Last Name: | Relationship: | |
| Check the appropriate items: | | |
| I have special needs for which I will re | equire accommodation. | |
| I would like a garden next to my friend | d, | <u> </u> . |
| I have gardened before at | for year | ſS. |
| Each gardener is expected to help with general chores and maintenance on a monthly basis. Please mark three (3) areas you would be interested in helping. | | |
| Site maintenance | Path maintenance | |
| Construction projects | Watering | |
| Planting | Composting | |
| I have read the Community Garden Bylaws these bylaws may result in loss of gardening | | |
| Signature: | Date: | |
| <i>For Office Use Only:</i> Gardener has been assigned plot # No plot available: applicant will be placed o Check # Amount: \$ D Garden Membership Expires: | ate Received: | |