## I want to be a: (you can check more than one)

|  |  |  |
| --- | --- | --- |
| □ **NBCHG Supporter only** Priority access to updates and programming at all our locations | □ **Gardener at St. Mary’s Community Garden**780 McEvoy Street.4’x10’ plots.  | □ **Gardener at Marysville Community Garden**20 McGloin Street. 4’x16’ plots.  |
| **Hayes Farm Programs**□ **Hayes Farm** **Veggie Box Subscriber** Includes 20 weeks of pay-what-you-can farm fresh produce□ **Hayes Farm** **Regenerative Farming Internship (RFI)** *Full-time learn-to-farm programs (interview required)*□ **Hayes Farm** **RFI Drop-in Session Participant** *Bite-size online learning* □ **Hayes Farm Holistic Farm Business Planner course** - *holistic farm planning*□ **Hayes Farm Incubator Grower** - *Medium-risk supported farming opportunity* *(interview required)* |

## Here is my contact information: □ I am a new member □ I am a renewing member

|  |  |
| --- | --- |
| Name(s):  |  |
| Street, City, Postal Code: |  |
| Phone(s): |  |
| Email(s):  |  |
|  | Our primary form of contact is by email, please check your emails regularly |

Phone and e-mail are used by NBCHG and Hayes Farm to contact you regarding your membership, program information and announcements of activities and events. Your contact information is secure, and we will not share it with anyone without your consent.

**Community Gardeners:** (Not a gardener? Skip to page 2)

## Here is a bit more information about me:

|  |  |  |
| --- | --- | --- |
| * I am a new gardener
* I have been gardening for a little while
* I am an experienced gardener
* I would appreciate help from a garden mentor
 | * I have the following special needs:

|  |
| --- |
|  |

 |

## Here’s information about the plot or plots I would like:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **St. Mary’s** |  | **Marysville** |
| Last year I had this many plots *[total number]:* |  |  |  |
| This year I would like this many plots *[total number]:*  |  |  |  |
| I have mobility issues and would like a raised bed *[please circle]:*  | Yes No |  | XXXXX |
| I have other special requests:  |  |

**Gardeners Agreement:**

Each member needs to look after their plot, the pathways around their plot, and to contribute to the care and upkeep of the rest of the garden. **Please read and check each the following:**

□ I agree to keep a neat, tidy, and productive organic garden. If I have problems caring for my plot, I will reach out to other gardeners, or the garden coordinator/ director to get some help (gardeners will be notified of any concerns and be offered reasonable assistance)).

□ I agree to volunteer with NBCHG for 10-12 hours/year (about 2 hours a month from May to October)

□I have read and agree to follow information in the [NBCHG Gardeners Agreement Handbook](http://www.nbchg.org/wp-content/uploads/2021/02/NBCHG-membership-handbook-2021-FINAL-11feb2021.pdf)

##  Here’s what I will pay for my membership:

|  |  |
| --- | --- |
| ☑ **NBCHG Supporter fee ($20.00, per family, per year) *[base fee required by all members]*** | $ **20.00** |
| □ St. Mary’s Plots $10 per plot *[$10 x \_\_\_\_\_plots= $\_\_\_\_\_]* | $ |
| □ Marysville Plots $20 per plot *[$20 x \_\_\_\_\_plots= $\_\_\_\_\_]* | $ |
| □ I want to provide an additional contribution to support NBCHG and other gardeners**\*** | $.......... |
|  |  |
| □ I will need assistance to cover my fees this year. *[Your request is confidential and you will be contacted to discuss options]*  |  |
|  |  |
| □ Hayes Farm Veggie Box Subscriber – ‘pay what you can’ on a sliding scale of $250-$500, can be paid in 2 equal installments | $ |
| □ Hayes Farm Regenerative Farming SUMMER Internship Program (18 weeks) - $2,480; payment plan available | $ |
| □ Hayes Farm Regenerative Farming FULL Internship Program (31 weeks)- $3,480; payment plan available | $ |
| □ Hayes Farm Drop-in Session Participant - $5 per each additional session attended | $ |
| □ Hayes Farm Holistic Farm Business Planner course - sliding scale $230-$580 | $ |
| □ Hayes Farm Incubator Grower - *$20/month [$20 x \_\_\_\_\_= $\_\_\_\_\_]* | $ |
| □ I want to provide an additional contribution to support the Hayes Farm and their interns**\*** | $ |
| ***Total*** |  |
| We want to ensure that finances are not a barrier to anyone who wants to “grow food, grow minds, and grow community.” If it is within your means, we ask that you consider paying a bit extra as part of your membership, to go towards the goals of the organization, or to reduce financial barriers for others.  | **$** |

## NBCHG Code of Practice (NBCHG Respectful Working Environment)

Every NBCHG member has a right to a healthy working environment that is free from violence and harassment. All members are expected to treat everyone they encounter within the organization (community gardens, Hayes Farm, meetings, etc.) respectfully, and to receive the same treatment in return. Disrespectful or inappropriate behavior must be reported to the Garden Director/Farm Coordinator. Our full anti-harassment and anti-violence policy can be viewed [**here**](http://www.nbchg.org/wp-content/uploads/2021/02/NB-Community-Harvest-Gardens-Code-of-Practice-November-2020.pdf), along with reporting procedures and forms. ***The New Brunswick Human Rights Act*** protects you from harassment and other forms of discrimination based on race, colour, national origin, ancestry, place of origin, creed or religion, age, physical disability, mental disability, marital status, family status, sex, sexual orientation, gender identity or expression, social condition, and political belief or activity.

## Legal stuff:

* **Photo Publishing Permission:** I agree (or I disagree □) that pictures taken of me or my family at the garden, on Hayes Farm or at any NBCHG activities may be used for promotional or educational purposes.
* **Liability:** I understand that NBCHG Inc. and the owners of the land are not responsible for my actions. I agree to hold harmless NBCHG Inc. and the owners of the land for any liability, damage, loss or claim directly or indirectly that occurs in connection with use of the garden by me, my family or any of my guests.
* **Dispute Resolution:** The Executive of NBCHG Inc. will be the final arbitrator in issues of dispute.
* All applicants for NBCHG membership must be aware of and adhere to the **NBCHG Code of Practice** (Respectful working environment) which can be viewed in full [**here**](http://www.nbchg.org/wp-content/uploads/2021/02/NB-Community-Harvest-Gardens-Code-of-Practice-November-2020.pdf). Please read carefully and check the following:

 *□ I have read and understand the NBCHG Code of Practice policies, and agree to follow these policies*

## My signature:

By signing below, I confirm that I have read and agree with the rules and guidelines set out above. I understand that failure to follow these guidelines may result in my loss of access to the NBCHG Gardens and activities or Hayes Farm Programming.

|  |  |  |  |
| --- | --- | --- | --- |
| Name *[please print]:* |  | Signature:  |  |
| Date: |  |  |  |

**Mail in form + cheque:** (payable to NBCHG Inc) 577 Hillcrest Dr, Fredericton, NB, E3A 2X8

**Or email form + e-transfer:** **NBCHGmembership@gmail.com**