

Aberdeen Harvest of Hope Garden 2016 Membership Form
 Plots are first come first serve- Rolling Deadline Feb 1, 2016

APPLICANT INFORMATION (please print) * denotes required information		
First Name*	Last Name*	Birth Year*
Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Multiracial <input type="checkbox"/> Other	Home Address*	Preferred Method of Contact*
Number of Those Involved or Affected* <input type="checkbox"/> 1 <input type="checkbox"/> 2-3 <input type="checkbox"/> 4-5 <input type="checkbox"/> 6+	Ages of Those Involved or Affected* <input type="checkbox"/> 1-8 <input type="checkbox"/> 9-18 <input type="checkbox"/> 20-35 <input type="checkbox"/> 36-49 <input type="checkbox"/> 50+	
Check All That Apply: TANF ___ Food Stamps ___ General Assistance ___ SSDI ___ SSI ___ Veterans Compensation ___		
Check All That Apply: Active Duty ___ Veteran ___ Senior Citizen ___		
GARDEN INFORMATION (please print) *denotes required information		
What is Your Gardening/Farming Experience?	Are You Interested in Donating Produce? <input type="checkbox"/> Yes <input type="checkbox"/> No	How Many Hours are You Willing to Commit Per Week? <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6+
What Assistance Would You Need to be Successful?	What Events/Workshops Would Interest You?	
How Did You Hear About Us?		
GARDEN COMMITTEE INTERESTS		
<input type="checkbox"/> Newsletter/Communications	<input type="checkbox"/> Membership Committee	
<input type="checkbox"/> Garden Maintenance	<input type="checkbox"/> Steering Committee	
<input type="checkbox"/> Programming/Events	<input type="checkbox"/> Garden Mentoring Committee	
STAFF USAGE		
Payment Received: <input type="checkbox"/> No <input type="checkbox"/> Yes	Plot Assigned: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Date Received:	Plot Assignment:	

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