

The Floyd Bennett Gardens Association, Inc.
P.O. Box 340986 Ryder Retail Station, Brooklyn, NY 11234

Ekaterina Kashkin, President • Tom Ingram, Vice-President • Lynn Halligan, Recording Secretary • Judy Tropeano, Treasurer • Barbara Driscoll, Corresponding Secretary

2023 Membership Renewal

BOTH SIDES OF THE APPLICATION MUST BE FILLED OUT OR THE APPLICATION IS INVALID

Print all requested Information clearly. Enclose your check or PO money order for \$50 per plot with your application payable to: **Floyd Bennett Gardens Association, Inc.** Mail application and all applicable fees to:
FBGA, PO Box 340986 Ryder Retail Station, Brooklyn, NY 11234-9993

Name _____

Address _____

Apt# _____

City _____

State _____

Zip Code _____

Tel.: Home _____

Cell _____

e-mail _____

Emergency Contact: Name & Tel.# _____

Please check the appropriate boxes. If renewing or switching plots: indicate plot number with U or X when applicable.

New Member: Renewal: Plot#: Switching Plot#: To:

MOTOR VEHICLE INFORMATION

Only One Parking Permit Per Vehicle. Tags **MUST** be displayed in front window or mirror at all times.

Please check the box if an additional tag is needed. Extra tags are \$5 per permit.

Color/Make/Model _____

Year _____

License Plate Number _____

State _____

Membership Agreement

Please print your name on the line and sign and date the application.
Please circle the number of the committee you will join on the reverse side.

I _____ hereby apply for membership in The Floyd Bennett Gardens Association, Inc. I agree to sign up for the required community service hours on the reverse side of this page and to fulfill them as required. I will comply with any deadlines for application set forth by FBGA. I have read and fully understand the Rules & Policy Regulations and agree to be bound by them. I further agree any changes set forth by the Board of Directors will also be legal and binding. I agree to check the bulletin boards, newsletter and website to keep abreast of all changes. I understand that failure to comply with the terms and conditions set forth in the Rules and Policy Regulations will result in the termination of my membership.

Signature _____ Date _____

THE FLOYD BENNETT GARDENS ASSOCIATION INC. HAS A GENERAL AGREEMENT BETWEEN THE UNITED STATES DEPARTMENT OF THE INTERIOR, NATIONAL PARK SERVICE, GATEWAY NATIONAL RECREATION AREA, JAMAICA BAY UNIT, WHERE AS, THE FBGA IS ORGANIZED TO MAINTAIN AND ADMINISTER THE COMMUNITY GARDENS ON FLOYD BENNETT FIELD, THE PARK AND THE FBGA ARE MUTUALLY INTERESTED IN, AND DESIRE TO COOPERATE IN, THE ADMINISTRATION OF THE COMMUNITY GARDENING PROGRAM IN THE PARK.

FBGA is open throughout the growing season from April 1 Through October 31

Community Service Requirement

Please indicate with a checkmark which committee you will join to fulfill your required hours. You may choose more than one committee. All community service hours **MUST** be completed by September 30 to avoid forfeiting your membership. Members over age 75 are exempt from community service with appropriate and verified documentation.

1. Administration Committee Please indicate if you have database entry experience ___	11. Fund Raising
2. Champions of Courage Garden (COCG)	12. Gardener Assist
3. Children's Garden	13. Inspection Committee
4. Language Translators ___ Convert spoken language to written word ___ English to Russian/Spanish/Turkish/Polish ___ Other (Please indicate language) ___ Assist at Special Events and Opening Day	14. Landscape Maintenance Planting/Pruning/Watering Common Areas
5. Community Service Support Chair —Workday Activities and Events	15. Newsletter Reporter ___ Photography ___ Proofreading ___
6. Conflict Resolution	16. Operations and Maintenance During Operation 12-4PM. ___ Lawn Care ___ Litter pick-up ___ Equipment Care ___ Weed whacking ___ Set-up/Clean-up/Shut Down Spring/Fall ___ Special Skills: ___ Plumbing ___ Electrical ___
7. Construction Committee Please Indicate special skills _____ (ex. Carpentry, Brick Laying)	17. Pumpkin Patch Assist Chair to Plant and Maintain patch
8. Education Committee Please Indicate the workshop you wish to give:	19. Wildlife Habitat & Nature Walk
9. Election/Legal Advisory Committee	20. Special Events Assist Chair/Plan/Organize/Support Events
10. Founders Advisory Committee If you are a seasoned and skilled gardener and willing to share your knowledge with those just starting out.	

PLEASE ANSWER AND CHECK THE BOXES AS NEEDED

Verification of household.

If there are additional plots in your household, please indicate which they are. Include the U or X if applicable.

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Service Hours Exemption

I am over 75 years old and wish to be exempted from community service. I have included a copy of a photo ID with my birthday listed.

Community Service Agreement

I have checked the number of the committee I wish to join to fulfil the required community service hours.

I have provided documentation to verify that I am 75 years of age to be considered exempt from service.

Survey

I am interested in submitting my application and payment for renewal, beginning in 2020, online. (Active email address and PayPal required.)