

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

Ekaterina Kashkin, President • John Burrafato, Vice-President  
Anne Gaudet, Recording Secretary • Judy Tropeano, Treasurer • Christine Morales, Corresponding Secretary

**2024 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** always be displayed in the front window or mirror.

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 posted at FBGA.us 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 email, 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 up to two committees. 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.

<b>1. Champions of Courage Garden (COCG)</b>	<b>9. Inspection Committee</b>
<b>2. Children’s Garden</b>	<b>10. Landscape Maintenance</b> Planting/Pruning/Weeding/Watering Common Areas
<b>3. Community Service</b> Assist Chair in recording and data entry of Community Service Workday Activities and Events	<b>11. Newsletter</b> Reporter _____ Photography _____ Proofreading _____
<b>4. Conflict Resolution</b>	<b>12. Operations and Maintenance</b> 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 ____
<b>5. Construction Committee</b> Please Indicate specific skills  _____ (ex. Carpentry, Brick Laying)	<b>13. Pumpkin Patch</b> Assist Chair to Plant and Maintain patch.
<b>6. Education Committee</b> Please Indicate the workshop you wish to give:	<b>14. Special Events / Fund Raising</b> Assist Chair/Plan/Organize/Support Events
<b>7. Election/Legal Advisory Committee</b>	<b>15. Wildlife Habitat &amp; Nature Walk</b>
<b>8. Gardener Assist</b>	

**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 indicated.

**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.