APPLICATION FORM ONLY
DO NOT SEND MONEY OR A CHEQUE WITH THIS FORM

CAPITAL CITY ALLOTMENT ASSOCIATION
GARDEN PLOT WAITLIST REQUEST

The majority of our gardens range in size from 500 to 1000 sq ft. Members must tend to their gardens and regularly maintain them throughout the growing season (April – October). Prospective members should be sure they are willing and able to invest the time and effort required to maintain a CCAA Garden plot.

Swan Creek cuts through the centre of the gardens which results in a number of gardens affected by seasonal flooding. The associated riparian zone consisting of a riparian buffer and floodplain are protected by the gardeners through management practices prescribed in the association's Terms and Conditions and organic gardening techniques.

Our annual fees are **$91** per year for a full sized plot (**$47** per year for a half sized plot) which includes one annual Regular Member membership fee . In addition a one-time **$81 security deposit** for a full sized plot (**$37** for a half sized plot) is also required. The one-time security deposit will be returned, if the plot is vacated in a weed-free, clean condition, with no foreign materials present (e.g. wood, plastic, cement, asphalt, shingles, glass, wire and carpeting) other than permitted: a) raised beds constructed of unpainted wood, b) greenhouses, c) fencing, d) tool boxes, and e). compost boxes, free from rot and in good repair.

CCAA's **and conditions** can be found at http://www.ccaagardens.org/content/terms-and-conditions. These outline various expectations of our membership including lease agreements and plot maintenance requirements.

Please note: If you do not return our phone call, or decline to take the garden when offered, you will be removed from the wait-list. If you wish to be placed back on the wait-list you must resubmit a new application.

Please mail (or drop off) your application (*do not send any fees at this time*)
Capital City Allotment Association
641 Kent Rd.
Victoria BC, V8Z 1Z2

Please Print Clearly

Name

_____ _____
First Name Last Name

Address

_____ _____ _____
Street City Postal Code

Contact

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_____ _____
Telephone Number Email Address

Please Sign

_____ _____
Signature Date (Month/Day/Year)

For Office Use Only:

Received: _____ *By* _____
Date (Month/Day/Year) *Initials*

Comments