

**APPLICATION FOR MEMBERSHIP FOR WATTLES FARM AND  
NEIGHBORHOOD GARDENERS, INC.**

**YOU MUST LIVE WITHIN 5 MILES OF THE FARM**

**PLEASE FILL THE APPLICATION OUT COMPLETELY AND PRINT  
CLEARLY!**

**DATE: Month, Day and Year** \_\_\_\_\_

**NAME(S)** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**APT.#** \_\_\_\_\_

**CITY & ZIP CODE** \_\_\_\_\_

**TELEPHONE NUMBER(S)** \_\_\_\_\_

**EMAIL ADDRESSE(S)** \_\_\_\_\_

**BEST TIME OF DAY TO CALL YOU** \_\_\_\_\_

**YOU WILL BE CONTACTED BY MAIL SHORTLY AFTER RECEIVING  
YOUR APPLICATION**

**Please print and complete this form and send by mail to:**

**Toby Leaman, Applicant Supervisor**

**1943 Monon St.,**

**Los Angeles, CA 90027**