



GREATER VISION COMMUNITY CHURCH

**P.O. BOX 10459
2000 E. Stan Schlueter Loop
KILLEEN, TX 76547-0459**

GARDEN BOX MEMBERSHIP

Name: _____

Address: _____

City, State & Zip: _____

Home Phone: (____) _____ Evening phone: (____) _____

Email _____

I would like to garden for (please choose):

____ One year (Members \$75.00)

____ Six months (Members \$40.00)

I would be interested in the following:

____ Assisting a fellow gardener should they be temporarily unable to attend to their garden via our **Adopt-A-Member-Box program**. (By checking this box your name and e-mail address will be added to the **Adopt-A-Member-Box roster** and will be distributed to all gardeners.)

____ Being a part of **the Greater Vision Garden Ministry**.

____ By checking this box, I acknowledge that I have read and understand the Greater Vision Community Church garden rules and regulations, and will receive a printed copy for my records.

Signature _____

Print Name _____ Date _____

Attach to your check or money and place into an offering envelope (put: "Garden Ministry Membership" on the 'Other' line) and bring to the Admin Office. Or you may submit payment via CA\$H AP – (be sure to indicate on note line: "Garden Ministry Membership")

OFFICE USE ONLY:

Approved by Staff Member: _____ Date Received: ____/____/____ Box Assigned: _____

Box Expiration: ____/____/____ Fee paid: \$_____ Payment Method: _____ Receipt# _____

Renew Box: _____ Box Assigned: _____ Date Received: ____/____/____ Box Expiration: ____/____/____

Fee paid: \$_____ Payment Method: _____ Receipt #: _____