

GROW ORGANIC APPLICATION FORM

NAME OF ORGANISATION
Or INDIVIDUAL:

ADDRESS:

NAME OF CONTACT
PERSON WITHIN THE
ORGANSIATION:

TELEPHONE NO FOR
CONTACT PERSON:

EMAIL ADDRESS FOR
CONTACT PERSON:

PLEASE TICK ONE OF
THE FOLLOWING:

OUR ORGANISATION IS A:

SCHOOL

COMMUNITY GARDEN

ALLOTMENT

OTHER

Please fill in all of the questions and return your application and the fee of €50 to;
Grow Organic, IOFGA, Main Street, Newtown Forbes, Co Longford.