**A picture containing shape

Description automatically generatedBurlington Horticultural Society**

(Gardeners of Burlington)

Membership Form

\_\_\_\_Renewal - Due November 1 \_\_\_\_New Member

\_\_\_\_ $25.00 Single Membership \_\_\_\_$35.00 Family Membership

\_\_\_\_$15.00 additional fee to receive newsletter by mail instead of email

Membership fees cover the 12-month period from November 1 to October 31.

**For cheques**: make payable to ***Burlington Horticultural Society*** Mail your cheque and this form to

**BHS P.O. Box 91537, Burlington, Ontario L7R 4L6**

**For e-transfers:** If an e-transfer is your preferred payment method, use **burlhortsoc@gmail.com** and indicate your name in the notes section. Please email this form to the same

address.

Please Print your information below:

\_\_\_Mr. \_\_\_Mrs. \_\_\_Ms. \_\_\_Miss \_\_\_Non-Gender Specific

Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address:

I would be interested in being part of the volunteer team for: (please checkmark)

\_\_ Marketing & Publicity \_\_ Plant Sale \_\_ Community Activities

\_\_ Outreach Events \_\_ Workshops

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***For Office Use Only:***

Member # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cheque \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or Cash/e-transfer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Media Release form signed \_\_ Yes \_\_ No

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_