

Membership Application Form

Annual Fees: Single @ \$20 Family @ \$30

Membership runs for one calendar year from January 1st

Please print:

Name(s): _____

Address: _____

City/Town: _____ Postal Code: _____

Phone Number: _____

Email: _____

By providing your email address you are giving consent for the receipt of emails from CHS .
Please add **cobourghs@gmail.com** to your safe list.

Please make cheques payable to: **Cobourg Horticultural Society**

My gardening interests are: _____

I heard about the Society from: _____

I would be interested in helping out in the following areas:

- Plant Sale Flower Shows Community Garden Program Planning Library
Computer Skills Public Relations Website/Facebook Membership
Yearbook Scholarships Social Board of Directors

Signature: _____ Date: _____

For Office Use:

- Add to contacts
Add to Membership List
Create name card
Welcome