

Membership Application Form

Annual Fees: Single @ \$15 Family @ \$22
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