

## Membership Application Form

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

*Membership runs for one calendar year from January 1<sup>st</sup>*

*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** or send an e-transfer to **cobourhort@gmail.com****

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