

Carleton Place and District Horticultural Society

P.O. Box 167, Carleton Place, Ontario K7C 3P3

MEMBERSHIP - 2019

Sign-up Date: _____ New Renewal

Membership: ___ Individual (\$10.00) ___ Family \$15.00 ___ Life (N/A) Paid: \$_____

Name: _____

Address: _____

Town: _____ Postal Code: _____

Phone: _____ Email: _____

➔ In some of our correspondence we need to have names, telephone numbers & email addresses. Do we have your permission to publish yours to share with other members only?

YES NO If yes, signature please _____

➔ Would you be interested in actively participating in any of the following committees/activities. Please tick your preferences:

- | | |
|---|---|
| <input type="checkbox"/> Plant Sale (and other fundraisers) | <input type="checkbox"/> Hospitality |
| <input type="checkbox"/> Victoria School Museum Garden | <input type="checkbox"/> Flower Shows |
| <input type="checkbox"/> Telephone (Member reminder) | <input type="checkbox"/> Seedy Saturday |
| <input type="checkbox"/> Publicity/Public Relations | <input type="checkbox"/> Yearbook |
| <input type="checkbox"/> Other (please specify: _____) | |

➔ If necessary, can we call you if we really need help with a specific activity?

YES NO

➔ How did you hear about us? _____

➔ Do you have any comments or suggestions? _____

Office Use Only: Membership Card Nametag Yearbook