



## Membership Application

Date \_\_\_\_\_ Membership Year: \_\_\_\_\_

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_

Phone: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

### Membership Types

- Adult Single \$22
- Adult Family \$30
- Youth \$2.50\*\*\*

- Senior Single \$17\*
- Senior Family \$24\*\*

Payment: Cash  Cheque

### Email Consent

- I give my consent to the Brampton Horticultural Society to send electronic communications to me, including: Newsletters, special announcements, and any other information the Board of Directors deem necessary to communicate with its members.
- I do not wish to receive any electronic communications from the Brampton Horticultural Society. Please send my newsletter and any other information by letter mail.

Please mail your membership form and payment to:

Brampton Horticultural Society  
Attn: Membership Chair  
PO Box 92546  
160 Main St. South  
Brampton ON L6W 4R1

Cheques are payable to: Brampton Horticultural Society

\*Senior is 65 years of age or older

\*\*Senior Family must include one member 65 years of age or older

\*\*\*Youth is 17 years of age or under