

Smiths Falls Horticultural Society Membership Form

Calendar year - 2023

Date: _____

First Name: _____ Last Name: _____

Street Address: _____

City: _____ Postal Code: _____

Phone Number: _____ Email Address: _____
(Required for the News letter)

Membership Type: Single Adult (Cost = \$10.00) Cash or Cheque Date: _____

Family (Cost = \$15.00) Cash or Cheque Date: _____

Over 18 #

Under 18 #

Corporate (Cost = \$10.00)

Referral Type: (for new members)

New Member: Yes | No

By a member Name: _____

Renewal Member: Yes | No

By a friend Name: _____

Facebook

Other

I consent to the SFHS collecting the foregoing contact information and publishing such information in its yearbook and using such information for maintaining its own mailing lists.

X _____ X _____

Signature Date

I am interested In helping with:

- Society Executive
- Social Committee
- Newsletter
- Photography Contests
- Flower Contests
- Yearbook
- Public Garden planting
- Fundraising Committee
- Greeter at meetings
- Nominating Committee
- Planning Committee
- Annual Plant Sale
- Wellness Calls

Other (Please Specify): _____

The Smiths Falls Horticultural Society thanks you for your continued support!

