

# Credit Valley Horticultural Society Membership Form

## New Member(s)

- Print off this page.
- Complete the form below. Please print clearly.
- Mail in the completed form along with your payment or bring it to a meeting.

## Existing Member(s) Renewal

- Print off this page.
- Check off your membership fee.
- If none of your contact information has changed you only need print your name(s), sign, and date the form below.
- If any of your contact information has changed please fill out what has changed so that we can update our records.
- Mail in the completed form along with your payment or bring it to a meeting.

Note: Family Membership applies to family members living at the same address

|  |  |                                    |   |                |  |
|--|--|------------------------------------|---|----------------|--|
| <i>date joined:</i> _____  |  | <b>CVHS MEMBERSHIP APPLICATION</b> |   |                |  |
| <b>New Member:</b> <input type="checkbox"/>  | <b>Family</b> <input type="checkbox"/> | \$30.00                            | <b>Senior (65) Family</b> <input type="checkbox"/>  | \$20.00        |  |
| <b>Renewal:</b> <input type="checkbox"/>   | <b>Single</b> <input type="checkbox"/> | \$20.00                            | <b>Senior (65) Single</b> <input type="checkbox"/>  | \$15.00        |  |
| <i>(PLEASE PRINT)</i>  |  | <u>First Name</u>                  |   | <u>Surname</u> |  |
| Name (Mr. / Mrs. / Ms) _____   |  |                                    |   |                |  |
| Name (Mr. / Mrs. / Ms) _____   |  |                                    |   |                |  |
| <small>Renewals complete changes only:</small>   |  |                                    |   |                |  |
| Address _____  |  | City _____                         | Postal Code _____   |                |  |
| ☎ Phone # _____  |  | e-mail address: _____              |   |                |  |
| <i>I would like to receive my CVHS Newsletter by e-mail</i> <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |                                    | <i>I would like a meeting reminder by:</i> <input type="checkbox"/> email <input type="checkbox"/> phone <input type="checkbox"/> neither |                |  |
| I consent to receiving email communications (newsletters, reminders, information, events etc.) from CVHS and understand I may unsubscribe at any time upon email request to <a href="mailto:creditvalleyhort@gmail.com">creditvalleyhort@gmail.com</a> |  |                                    |   |                |  |
| _____<br>Please sign here.   |  |                                    |   |                |  |
| Give your completed form with your membership fee to the Membership Director at the next meeting or mail to:<br><b>Credit Valley Horticultural Society, 6-2400 Dundas St. W., Suite 124, Mississauga, Ontario L5K 2R8</b>                              |  |                                    |   |                |  |
| <b>Director use ONLY:</b> <i>chq cash card email list tag excel newsletter calling list orientation email welcome table</i>  |  |                                    |   |                |  |