

SCHOMBERG HORTICULTURAL SOCIETY MEMBERSHIP 2023/24



Nov. 1st, 2023 to October 31st, 2024

NAME(s) please print				
1	2			·
3				
ADDRESS:				
PHONE:	BIRTHDATE (mo	nth & ye	ar)	 (optional
E-MAIL:				
Yes No \$ 20.00 single membership or \$ Three methods of payments, ple 1. Fill out form, email to tre and send payment to abo 2. Mail cheque and filled our Schomberg, Ont. LOG 1TO 3. Put payment along with form door- just ring bell and put	25.00 per family (same lease circle one. easurers.h.s.1@gmail.co ve e-mail address via e-t t form to: Schomberg Ho orm in outside Mail Box t in.	household, m transfer (pr orticultural	referred) Society, Bo	maximum). ox 123,
Are you willing to join our aweso	ome group of volunteers	s and:		
bring a snack to the meetings	yes	no		
help with the plant sale		no		
show your garden in a garden to	•	no		
volunteer for the garden tour	yes			
help with garden maintenance	yes			
help with seasonal displays at the		yes	no	
would you be interested in servi	_	-	no second page	e and send alona
with your membership application.		=		No



Photography/Video/Testimonials Waiver and Release Form



I grant the Ontario Horticultural Association and the Schomberg Horticultural Society

- Use of my photographic images and/or video and/or testimonials in various forms
 of media, including printed or multi-media materials, to be used by or for the
 Ontario Horticultural Association and the Schomberg Horticultural Society to assist
 in publicity, promotion, marketing and/or educational purposes.
- Use of my identity or likeness in photographic images and/or video and/or testimonials as described above.
- The permission to identify me by name and/or society/organization and such identifiers as hometown (if applicable).

I hereby realize and accept that I am participating on a voluntary basis and will not receive financial compensation from the photographer/videographer/interviewer, from the Ontario Horticultural Association and the Schomberg Horticultural Society or any firm publishing and/or distributing the finished product.

Are you signing this waiver as a parent or legal	0 0	their behalf
Please indicate name of child:		
Please indicate how you would like to see your	photograph credit to appear:	
Signature:		
Date:		
Witness (please print)	Signature:	
Email address:	Phone number:	

Respecting Your Privacy

The Ontario Horticultural Association, is committed to respecting your privacy. The personal contact information you provide here will not be published without your permission. It may be used to contact you to discuss matters pertaining to the use and reproduction of your photo and it may be shared with other OHA employees for this purpose. Any personal information you provide is managed according to the Ontario Personal Information Protection and Electronic Documents Act (PIPEDA).