



# MEMBERSHIP APPLICATION



Please make cheques payable to  
**Ontario Hosta Society**

Print and mail to:  
**20 Palgrave Cres., Brampton, ON L6W 1C9**

- |  |   |
|--|---|
| <input type="checkbox"/> One year membership   | \$15.00                                 |
| <input type="checkbox"/> Three year membership | \$40.00                                 |
| <input type="checkbox"/> New member            | <input type="checkbox"/> Cash           |
| <input type="checkbox"/> Renewal               | <input type="checkbox"/> Cheque # _____ |

Mr.  Mrs.  Ms.

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

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

City

Province

Postal Code

Telephone: \_\_\_\_\_

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

Yes  No I give permission to the OHS to contact me by email.

Yes  No I give permission to the OHS to publish my contact information in the OHS newsletter.

Yes  No My garden is open to visitors.

### Director's use ONLY:

Date received: \_\_\_\_\_