



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 | \$20.00 |
| <input type="checkbox"/> Three year membership | \$50.00 |
| <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: _____