



Burlington Horticultural Society (BHS) (aka Gardeners of Burlington)

Membership Application

Nov. 1, 2025 to Oct. 31, 2026

Membership fees: \$25 per person or \$40 per family (2 people max.)

This form is also available as a Google Form. Please see: <https://www.burlingtonhs.com/index.php/membership/>

Renewal: _____ or New Member _____ Individual _____ or Family _____

Name(s): _____

Address: _____

Phone: _____ Email: _____

Are you willing to help out/contribute as a volunteer? I/We would be interested in being part of the team for:

Brochure/Poster Distribution	Plant Sale
Social events/workshops	Outreach Events
Junior Gardeners (part of the Youth Committee)	Other: please describe:

I/We am interested in speakers talking about: _____

Could you tell us where you heard about the BHS? Please be specific: _____

Photographic Consent for Media Publications: PLEASE READ CAREFULLY AND SELECT APPROPRIATELY:

- ☐ I/We consent to the use of photographs of the above-named member(s) in BHS publications including newsletter, website, Facebook, Instagram or other media outlets.
- ☐ I/We do NOT consent to the use of photographs of the above-named member(s) in BHS publications including newsletter, website, Facebook, Instagram or other media outlets.

Name Tag:

- ☐ I/We would like to order a Burlington Horticultural Society Name Tag(s): \$8.00 (name tag is hard plastic with magnetic strip)

Amount of Payment (Membership/Name tag(s)): \$ _____

Three methods of registration and payment:

- 1) Pay in person at meeting: cash or cheque payable to **Burlington Horticultural Society** with hard copy of this form
- 2) Scan and email this form (Subject line: Membership) to **burlhortsoc@gmail.com** and e-transfer payment to **burlhortsoc@gmail.com** (please include your name in message line of e-transfer)
- 3) Canada Post with cheque and application: please email **burlhortsoc@gmail.com** for postal address

Office Use Only:

Pd. by cash, e-transfer, cheque; Amt.:	Date:	Membership #:	Volunteer Tracker:	Confirmation email:
Newsletter Email:	Membership List:	Card Issued:	Financial Statement:	Name Tag ordered:

Please note: All previous versions of this blank form are invalid as of August 1, 2025.