

**Cobourg Horticultural Society
Membership Application**

- Single membership, \$15.00
- Family Membership, \$20.00

Name: _____

Address: _____

City/Town: _____ Postal Code: _____

Phone Number: _____

E-mail: _____

My gardening interests are:

I heard about the society from:

I / We understand that The Cobourg Horticultural Society will not sell, rent or otherwise make my/our personal information available to any other third party without my/our permission. The information provided will be used only to conduct the society's business and to communicate with its members.

Signature: _____

Date: _____