

Please print the form at the bottom of this page. Complete and mail to the address on the form along with a cheque or money order. You can also bring the form along with payment to a general meeting of the Society.

RELEASE OF INFORMATION: The Medicine Hat Horticultural Association does not release its membership list to other individuals, horticultural groups or businesses. Please be aware that when you are buying or renewing your membership, your privacy is respected and your personal information is never shared. **Your name, address, phone number and e-mail address will not be released to anyone.**

Membership Form for 2020 Calendar Year

Yes, I would like to obtain/renew my membership in the Horticultural Association for the 2020 calendar year. (Circle either obtain or renew)

Please indicate the type of membership desired. _____ Couple/ Family (\$25.00/year)
_____ Single (\$20.00/year)

Name(s): _____

Address: _____ Postal Code _____

Phone(s) _____ E-mail: _____

Providing an email address will allow you to receive the monthly newsletter electronically by e-mail about a week earlier than those who receive it by Canada Post. Your e-mail address is never shared or revealed to anyone as all mailings come as a Bcc (blind carbon copy).

(Member's Signature - optional) _____

Please enclose payment and send to the mailing address (Medicine Hat Horticultural Assoc., Box 1134, Medicine Hat, AB T1A 7H3) or bring to any General meeting of the Horticultural Association.

All 2020 memberships expire on December 31, 2020.