



# Oakville Horticultural Society

*Where Gardeners come to flourish*

## Membership Form

Membership Number

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

Email: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

I agree to receive OHS email

Renewing Membership

or

New Membership

Single Membership

or

Family Membership

Family Members (if applicable):

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

Email: \_\_\_\_\_

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

Email: \_\_\_\_\_

Oakville Horticultural Society  
P.O. Box 1220  
146 Lakeshore Rd. West  
Oakville ON L6K 0B3

*Office use only*

Single (\$20)

Paid by: Cash

Cheque

Online

Family (\$30)

Received by: \_\_\_\_\_

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