



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

Paid by: Cash

Cheque

Online

Family

Received by: _____

Date: _____