



Membership Application Form

A. Membership Information Renewing Member Client ID# _____ New Member

First Name _____ Last Name _____

Address _____

City _____ Province _____ Postal Code _____

Phone _____ Email _____

Type of Membership (*prices include GST*)

- | | |
|--|---|
| <input type="radio"/> 1-Year Student: \$42.00 | <input type="radio"/> 5-Year Student: \$157.50 |
| <input type="radio"/> 1-Year Senior (65+): \$42.00 | <input type="radio"/> 5-Year Senior (65+): \$157.50 |
| <input type="radio"/> 1-Year Individual: \$52.50 | <input type="radio"/> 5-Year Individual: \$210.00 |
| <input type="radio"/> 1-Year Family/Couple: \$78.75 (2 adults & all children under 18) | <input type="radio"/> 5-Year Family/Couple: \$315.00 (2 adults & all children under 18) |

Membership Total \$ _____

B. I wish to give a Friends of the Garden Membership as a gift to:

First Name _____ Last Name _____

Address _____

City _____ Province _____ Postal Code _____

Phone _____ Email _____

Type of Membership (*see list above*) _____

Gift Membership Total \$ _____

C. I wish to support the Friends of the Garden with a tax-deductible donation.

Donation Total \$ _____

Payment

A. Membership \$ _____

B. Gift Membership \$ _____

C. Donation \$ _____

TOTAL OWING \$ _____

Cheque Enclosed. Chq.# _____ Make cheques payable to "Friends of the Garden"

VISA Mastercard Amex

Card # _____

Expiry Date _____

Signature _____

Completed forms and payment can be sent by mail or email or give Dana a call at (780) 221-6467

Mail:

Friends of the Garden
13040 – 137 Avenue
PO Box 69227 Skyview
Edmonton, AB T5L 5E0

Email:

info@friends-devonianbotanicgarden.org

