

MEMBERSHIP 2017

New & Need Mentoring

Date: _____

Renewal
 (member last year)

Name: _____

Your participation is essential;
 Please check off the activities where you would like to volunteer.



May Plant Sale <input type="checkbox"/>	September Plant Exchange <input type="checkbox"/>	Baking <input type="checkbox"/>	Executive Committee Member <input type="checkbox"/>
Show Set-up <input type="checkbox"/>	Show Tabulator <input type="checkbox"/>	Photographer <input type="checkbox"/>	Telephone Committee <input type="checkbox"/>
Kitchen <input type="checkbox"/>	Kitchen Co-ordinator <input type="checkbox"/>	Library <input type="checkbox"/>	General Help <input type="checkbox"/>

Are you willing to show your garden in a Members' Garden Tour this year?

Following info same as last year

Address: _____

City: _____ Postal Code: _____

 Home: _____  Work: _____

Fill email address to receive reminders and bulletins.

email: _____
 (please print)

The ANNUAL family Membership fee for 2017 is \$20.00

Make your cheque payable to: **Pointe-Claire Horticultural Society**
 and mail with the completed membership form to:

PCHS c/o Moira Miller-Valentine
 2135 Chanteclerc
 Dorval QC H9P 1L9

Your membership card may be picked up at any meeting.
To receive it by mail, please include a self-addressed, stamped envelope.