



Membership Application Form

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

First Name _____ Last Name _____

Address _____

City _____ Province _____ Postal Code _____

Phone _____ Email _____

Preferred Contact Method: Text Email

Type of Membership (prices include GST)

- | | | | |
|---|----------|---|-------|
| <input type="radio"/> 1 Year Student | \$37.50 | <input type="radio"/> 5 Year Student | \$150 |
| <input type="radio"/> 1 Year Senior (65+) | \$37.50 | <input type="radio"/> 5 Year Senior (65+) | \$150 |
| <input type="radio"/> 1 Year Individual | \$55 | <input type="radio"/> 5 Year Individual | \$220 |
| <input type="radio"/> 1 Year Family/Couple
<small>(2 adults & up to 8 children under 18)</small> | \$124.50 | <input type="radio"/> 5 Year Family/Couple
<small>(2 adults & up to 8 children under 18)</small> | \$498 |
| <input type="radio"/> 1 Year Child (3-12) | \$14.75 | <input type="radio"/> 5 Year Child (3-12) | \$59 |

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.

Can we include your name as a donor on our website? Yes No

Charitable Registration # R11893308

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 Jessica a call at (780) 221-6467

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

Email:
 info@friendsofuabg.org
Website:
 www.friendsofuabg.org