

MEMBERSHIP FORM

2025

Perth & District Horticultural Society

PLEASE PRINT CLEARLY

NEW MEMBER

RENEWAL

NAME _____

ADDRESS _____

Postal Code _____

PHONE # _____

Email: _____ -- _____

Consent

Opt Out

(To receive emails from PDHS about events, etc.)

FOR THE YEAR 2024 I AM INTERESTED IN:

Helping out with Junior Gardeners

Helping out with snacks for meetings

Helping to plant/maintain community flower gardens (daytime availability required - weekdays)

Are there particular topics you would like addressed either at meetings or in the newsletter?

Do you have suggestions for potential speakers for our meetings?

For office use only

Membership Paid (date) _____ \$ _____

Board Representative Signature _____

Membership card issued

Bookmark