

Horticultural Membership Form

Date: _____

ID # For Office Use	Organization:	
Organization Address:		
City:	Province:	Postal Code:
Telephone:	Email:	
ID # For Office Use	Contact Name:	
	Position :	
Contact Address:		
City:	Province:	Postal Code:
Telephone:	Email:	

HORTICULTURAL MEMBERSHIP LEVEL (please check one)

All Horticultural Memberships are valid for one year.

- Basic Membership - \$100 annually (\$8.33/month)
- Premium Membership - \$250 annually (\$20.83/month)
Premium Members Qualify for Special Horticultural Rental Rates Only

PAYMENT

Membership: \$ _____

Donation: \$ _____

Total \$ _____

PAYMENT INFORMATION

Cheque (payable to the Toronto Botanical Garden)

VISA MasterCard

Card No. _____

Expiry ____ / ____ CVV: ____

Name as it appears on the card:

Please return completed form with payment to: Toronto Botanical Garden, 777 Lawrence Avenue East,
Toronto, ON M3C 1P2 Tel: 416-397-1340 / Fax: 416-397-1354 / www.torontobotanicalgarden.ca