

# MEMBERSHIP FORM



**ROYAL  
BOTANICAL  
GARDENS**

**www.rbg.ca**

680 Plains Road West, Burlington, Ontario L7T 4H4  
P.O. Box 399, Hamilton Ontario L8N 3H8  
905-527-1158, 1-800-694-4769, Fax: 905-577-0375  
Email: membership@rbg.ca

New member information package given

Send new member information package

DATE: \_\_\_\_\_

NAME 1  MR.  MRS.  MISS  MS.: \_\_\_\_\_

NAME 2  MR.  MRS.  MISS  MS.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_  PLEASE SEND ME eRBG ONLINE NEWSLETTER

I want to purchase the following Royal Botanical Gardens membership:

Category	1 year
<input type="checkbox"/> Single	<input type="checkbox"/> \$57
<input type="checkbox"/> Family/Grandparent/Dual	<input type="checkbox"/> \$92
<input type="checkbox"/> Youth (12 to 23 years old)	<input type="checkbox"/> \$30
<input type="checkbox"/> Guest Passport* (each, qty: _____)	<input type="checkbox"/> \$30
<input type="checkbox"/> Music Passport* (each, qty: _____)	<input type="checkbox"/> \$32.25

\* Please specify which card(s) should receive the Guest and/or Music Passport(s): \_\_\_\_\_

This is a gift membership from:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_

Please send membership package to:  DONOR  RECIPIENT

Please send renewal notice to:  DONOR  RECIPIENT

I would like to make a charitable contribution of: \$ \_\_\_\_\_

**Total payment: \$** \_\_\_\_\_

PAYMENT METHOD

CASH  DEBIT  CHEQUE (payable to Royal Botanical Gardens, enclosed)

Please charge my:  VISA  MASTERCARD  AMERICAN EXPRESS

CARD NO: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_