

# 2021 MEMBERSHIP FORM

680 Plains Road West, Burlington, ON, L7T 4H4  
PO Box 399, Hamilton, ON, L8N 3H8



New                       Renewal  
Date: \_\_\_\_\_

905-527-1158, 1-800-694-4769  
[membership@rbg.ca](mailto:membership@rbg.ca)

## Purchaser's Information

Membership  
Number \_\_\_\_\_

Cardholder Name 1: \_\_\_\_\_

Cardholder Name 2: (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Birthdate:(D/M/Y) \_\_\_\_/\_\_\_\_/\_\_\_\_

Email: \_\_\_\_\_

Please sign me up for RBG emails, including newsletters, info and special offers. I understand that I can unsubscribe at any time.

## Gift Membership

### Recipient's Information:

Constituent ID (Memb #): \_\_\_\_\_

Cardholder Name 1: \_\_\_\_\_

Cardholder Name 2: (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mail Membership cards to:     Purchaser     Gift Recipient

Please send renewal notice to :  Purchaser     Gift Recipient

### MEMBERSHIP LEVEL

### Senior's Discount (65+)

- |   |                          |                        |                                |
|---|--------------------------|------------------------|--------------------------------|
| <input type="checkbox"/> Student (with valid student ID)    | <input type="checkbox"/> | \$50                   |                                |
| <input type="checkbox"/> Single                             | <input type="checkbox"/> | \$85                   | <input type="checkbox"/> \$65  |
| <input type="checkbox"/> Single Plus (one guest admission)  | <input type="checkbox"/> | \$120                  | <input type="checkbox"/> \$100 |
| <input type="checkbox"/> Family                             | <input type="checkbox"/> | \$130                  | <input type="checkbox"/> \$110 |
| <input type="checkbox"/> Family Plus (two guest admissions) | <input type="checkbox"/> | \$175                  | <input type="checkbox"/> \$155 |
| <input type="checkbox"/> Contributing                       | <input type="checkbox"/> | \$250                  |                                |
| <input type="checkbox"/> Supporting                         | <input type="checkbox"/> | \$500                  |                                |
| <input type="checkbox"/> Sustaining                         | <input type="checkbox"/> | \$1,000                |                                |
| <input type="checkbox"/> Curator's Circle                   | <input type="checkbox"/> | \$2,500                |                                |
| <input type="checkbox"/> Benefactor's Circle                | <input type="checkbox"/> | Please call (\$5,000)  |                                |
| <input type="checkbox"/> RBG Guardian Circle                | <input type="checkbox"/> | Please call (\$10,000) |                                |

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

CHARITABLE REGISTRATION 13350 0850 RR0001

TOTAL: \$ \_\_\_\_\_

## PAYMENT METHOD

CHEQUE (payable to Royal Botanical Gardens)

VISA                       MASTERCARD                       AMERICAN EXPRESS

Card no: \_\_\_\_\_ CVV: \_\_\_\_\_

EXPIRY DATE:

Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_