2021 MEMBERSHIP FORM

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

905-527-1158, 1-800-694-4769
membership@rbg.ca

□ New  □ Renewal
Date:___________________________

Purchaser's Information

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.

Recipient's Information:

Constituent ID (Memb #): ____________________________

Gift Membership

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+)

□ Student (with valid student ID) □ Single □ $50 □ $65
□ Single
□ Single Plus (one guest admission) □ $120 □ $100
□ Family
□ Family Plus (two guest admissions) □ $175 □ $155
□ Contributing
□ Supporting
□ Sustaining
□ Curator's Circle
□ Benefactor's Circle
□ RBG Guardian Circle

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: _________
Expirement Date: ____________________________
Name on Card: ____________________________________________
Date:___________________________