

2020 MEMBERSHIP FORM

680 Plains Road West, Burlington, ON, L7T 4H4
PO Box 399, Hamilton, ON, L8N 3H8
905-527-1158, 1-800-694-4769



New Renewal

Date: _____

membership@rbg.ca

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.

Gift Membership Recipient's Information:

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

- | | |
|--|--------------------------------|
| <input type="checkbox"/> Student (with valid student ID) | <input type="checkbox"/> \$50 |
| <input type="checkbox"/> Single | <input type="checkbox"/> \$85 |
| <input type="checkbox"/> Single Plus (one guest admission) | <input type="checkbox"/> \$120 |
| <input type="checkbox"/> Family | <input type="checkbox"/> \$130 |
| <input type="checkbox"/> Family Plus (two guest admissions) | <input type="checkbox"/> \$165 |
| <input type="checkbox"/> Senior | <input type="checkbox"/> \$65 |
| <input type="checkbox"/> Senior Plus (one guest admission) | <input type="checkbox"/> \$95 |
| <input type="checkbox"/> Senior Dual | <input type="checkbox"/> \$100 |
| <input type="checkbox"/> Senior Dual Plus (two guest admissions) | <input type="checkbox"/> \$130 |

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: _____

Name on Card: _____

Date: _____