

MEMBERSHIP FORM

2025

Perth & District Horticultural Society

PLEASE PRINT CLEARLY

☐ NEW MEMBER

☐ RENEWAL

NAME _____

ADDRESS _____

Postal Code _____

PHONE # _____

Email: _____

☐ Consent

☐ Opt Out

(To receive emails from PDHS about events, etc.)

FOR THE YEAR 2025 I AM INTERESTED IN:

☐ Helping out with snacks for meetings

☐ Helping with our Annual Plant Sale

☐ Helping to plant/maintain community flower gardens (daytime availability required - weekdays)

Are there particular topics you would like addressed either at meetings or in the newsletter?

Do you have suggestions for potential speakers for our meetings?

For office use only

Membership Paid (date) _____ \$ _____

Board Representative Signature _____

☐ Membership card issued

☐ Bookmark