

MEMBERSHIP FORM

Annual Fee: \$20.00

2026

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 2026 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)
- Helping with Junior Gardeners Program

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?

Note: Membership is valid from January to December for every calendar year.

For office use only

Membership Paid (date) _____ \$ _____

Board Representative Signature _____

Membership card issued

Bookmark