



Friends of the Gardens
Summerland Research and Development Centre
Box 1363, 4200 Hwy #97 S
Summerland, BC V0H 1Z0

www.summerlandornamentalgardens.org

Email: friends.summerlandgardens@gmail.com

MEMBERSHIP APPLICATION FORM

Day ____ Month ____ Year ____

Indicate type of Membership New ____ Renewal ____

Annual membership fees. Please check your selection below.

- ___ Business (\$100.00)
- ___ Family (\$ 40.00)
- ___ Individual (\$ 25.00)
- ___ Student (\$ 20.00)
- ___ Lifetime (\$750.00)

\$_____ Donation **Donations** are **welcome**. (Membership fees do not qualify as donation) A receipt for income tax purposes will be issued for donations of \$25.00 or more.

Surname _____

First Name _____

Mailing Address _____

City _____ Prov. _____ Postal Code _____

Phone: _____ Email _____

*Please include this form when remitting payment.

New or renewal **Volunteer application** found at www.summerlandornamentalgardens.org

THANK YOU FOR YOUR VALUABLE SUPPORT

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Office use only.

M/C ____ T/U ____ C/C ____ EX ____ RCT ____