



Pickering Garden and Horticultural Society since 1933
Proud Member of Ontario Horticultural Association, District 17

<input type="checkbox"/> Renewing Membership or <input type="checkbox"/> New Membership	Name: _____ Email: _____ Street Address: _____ City: _____ Postal Code: _____ Telephone: _____
<input type="checkbox"/> Single Membership or <input type="checkbox"/> Family Membership	<input type="checkbox"/> I agree to have my name/phone/e-mail published in the PHS yearbook and receive emails from PHS to facilitate communication between members.
Family Members (if applicable)	
Name: _____ Email: _____	
Name: _____ Email: _____	

The work of volunteers is particularly important to the success of PHS and there is no better way to get to know your fellow gardeners. Please check below any areas where you would like to help.

Volunteer Opportunities:

- Meeting Setup
- Annual Events
- Community Gardens
- Garden Club Admin

My gardening interests are:

- Annuals/Container Plantings
- Floral Design/Exhibiting in Shows
- Fruit/Vegetables/Herbs
- Garden Design
- Indoor Plants
- Native Plants
- Perennials
- Trees/Shrubs
- Other: _____

Mail to: Pickering Horticultural Society 4-1550 Kingston Rd Suite 1070 Pickering, ON L1V 6W9 membershipforphs@gmail.com	For Office Use Only Single (\$20) <input type="checkbox"/> Paid by: Cheque <input type="checkbox"/> Cash <input type="checkbox"/> Family (\$30) <input type="checkbox"/> Date: _____
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