

Cambridge RIVERS' EDGE Gardeners

MEMBERSHIP FORM (October 1 - September 30)

Annual Membership fee - **Adult \$15.00** **Youth \$5.00** (under 18, for family members at the same address)

DATE: _____

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

EMAIL: _____

Information regarding our society will be sent to your email address as meetings, events, and other interesting opportunities come to our attention (1 email per household address).

Please check areas of interest where you might consider volunteering your time.

- ___ Helping with Events _____
- ___ Serving on Committees _____
- ___ Serving on Board _____
- ___ Other _____

If you would like a Family Membership please list other family members below:

	ADULT	YOUTH	AGE (Youth)
NAME: _____	_____	_____	_____
NAME: _____	_____	_____	_____
NAME: _____	_____	_____	_____

For Society Use

AMOUNT PAID: \$ _____	Method of Payment _____	Symposium\$ _____	YR- _____
New- _____	Renewal- _____	Symposium\$ _____	YR- _____
	Renewal- _____	Symposium\$ _____	YR- _____
	Renewal- _____	Homes for the Holidays\$ _____	YR- _____
	Renewal- _____	Homes for the Holidays\$ _____	YR- _____
	Renewal- _____	Homes for the Holidays\$ _____	YR- _____
	Renewal- _____	Homes for the Holidays\$ _____	YR- _____
		Garden Tour Host	YR- _____
		Garden Tour Host	YR- _____

Membership information is collected only for Society use. No membership list is sold or made available to other parties.