



2017 Application for Membership

Make your cheque payable to: "Bolton & District Horticultural Society"

By mail: P. O. Box 75017, Bolton South Post Office, Bolton, ON L7E 1H6

Full Name: _____

Other adult name: _____

Full Address: _____

Postal Code: _____ Phone: _____

Email: _____

I consent to receiving email communications (newsletters, reminders, information, events etc.) from BDHS and understand I may unsubscribe at any time upon email request to bolton@gardenontario.org
To have your membership card mailed to you, please enclose a self-addressed, stamped envelope.

Single \$25 – Family \$30 (up to 2 adults at same address) \$ _____

Donation (Tax receipts will be issued for amounts \$5 or more – Charitable #867910127) \$ _____

Total paid – cheque or cash \$ _____

WAIVER & INDEMNITY: In consideration of the approval of my application for membership in the Bolton & District Horticultural Society ("Society") and the granting of such membership, the undersigned hereby waives and releases each of the directors, officers, servants and members from time to time, from all liability, including vicarious liability, for any loss or injury howsoever caused resulting from the act or omission of any director, officer, servant or member of the Society. Furthermore, the undersigned hereby agrees to promptly indemnify and save harmless the Society and each of its directors, officers, servants and members from and against any damages, liabilities, claims and demands whatsoever arising out of, pursuant to or connected with any act or omission of the undersigned.

Signature _____ Date _____



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Signature _____ Date _____