

Membership Form

North Shore Horticultural Society

P.O. Box 171, Manchester, MA 01944 www.NSHorticulture.org

Today's Date:/	/ *Membership is	for one year from today's date
Last Name:	First Name:	
	NSHS and your contact information is unchan ow. Otherwise, please provide your contact in	
My contact information is	the same as last year	
Street:		
Town/City:	State:	ZIP:
Phone#:		
Email address:		
Please send me the NSHS <i>New</i> If you are a new member, how		U.S. Mail
Membership Type: Individual (\$25/Year)	Family (\$35/Year) Family Member Name:	Life (If you are a Life Member, please return this form to help us keep our records up-to-date)
Would you like to volunteer th	is year? (select one or more):	
Join the Board of Director Be on a Committee Programs Hospitality Publicity Membership	Help at Monthly Meetings: Provide audio/visual assistance Greet attendees and hand out raffle tickets Set up food and drinks at meetings	Contribute to the monthly newsletter Organize a field trip Open your garden for a Member Tour Other:
	The section below is for administrative use	only
Amount Paid: \$	Date Received:/	☐ Name Tag Required?
□Check □ Cash	☐ndividual ☐ Family	