



CANADIAN GARDEN COUNCIL MEMBERSHIP REGISTRATION FORM

1. Please print this form
2. Fill it in by hand
3. San filled-in form
4. Return scan with payment (see p. 2 for details)

If you need an invoice before you can process payment for your Canadian Garden Council membership, please contact: membership@gardencouncil.ca

*Indicates required information

*Name of Garden/Community/Business: _____

*Public name of Garden/Community/Business (if different from above):

*Address: _____

*City & Province: _____ *Postal code: _____

*Website URL: _____

*Name of Executive Director/Manager: _____

*Executive Director/Manager's email address: _____

*Name of Contact Person (if different from above): _____

*Contact Person's Title: _____

*Contact Person's Phone: (_____) _____

*Contact Person's email address: _____

*Number of full-time employees: _____

*By becoming a member of the Canadian Garden Council, both the Executive Director/Manager and contact person agree to receive periodic emails containing information of interest about the Canadian Garden Council and its various programs.

SEE PAGE 2 FOR MEMBERSHIP CATEGORIES, PAYMENT AND CONTACT INFORMATION

Membership Categories and Costs

Membership valid for one year from date of joining.

Garden Experiences Members

<input type="checkbox"/> Gardens (6 employees or more)	\$400	\$ _____
<input type="checkbox"/> Gardens (5 employees or less)	\$250	\$ _____
<input type="checkbox"/> Garden/Flower Festivals and Events (6 employees or more)	\$400	\$ _____
<input type="checkbox"/> Garden/Flower Festivals and Events (5 employees or less)	\$250	\$ _____
<input type="checkbox"/> Garden Networks & Trails (8 experiences or more)	\$500	\$ _____
<input type="checkbox"/> Garden Networks & Trails (7 Experiences or less)	\$250	\$ _____
<input type="checkbox"/> Destination Garden Centres	\$150	\$ _____
<input type="checkbox"/> Communities in Blooms Communities	\$150	\$ _____

Associate Members

Garden and Horticultural Associations, Clubs and Organizations

<input type="checkbox"/> National	\$400	\$ _____
<input type="checkbox"/> Provincial or regional	\$250	\$ _____

National Tourism and Other Industry Organizations

\$400 \$ _____

Provincial/Regional Tourism and Other Industry Organizations

\$250 \$ _____

Institutions

<input type="checkbox"/> Education, Environment	\$400	\$ _____
<input type="checkbox"/> Municipalities	\$400	\$ _____

Corporate Members

<input type="checkbox"/> Companies with 6 + employees	\$400	\$ _____
<input type="checkbox"/> Companies with 5 employees or less	\$250	\$ _____

Individual Members \$50 \$ _____

SUBTOTAL \$ _____

PLUS 13% Harmonized Sales Tax \$ _____

TOTAL PAYABLE \$ _____

Payment

VISA MasterCard AMEX Cheque (Payable to **Canadian Garden Council c/o Landscape Ontario**)

Card Number _____ Exp. Date: _____

Card Holder Name as it appears on the card: _____

Card Holder Signature: _____

If you are **paying by credit card**, please send completed form with payment details to:
membership@gardencouncil.ca

If **paying by cheque**, send a copy of this completed form with a cheque, payable to:

Canadian Garden Council c/o Landscape Ontario to:

Canadian Garden Council c/o Landscape Ontario
Attn: Joe Sabatino
7856 Fifth Line South, Milton, ON L9T 2X8

HST# R119005049