2020 MEMBERSHIP FORM

[Image: 680 Plains Road West, Burlington, ON, L7T 4H4
PO Box 399, Hamilton, ON, L8N 3H8
905-527-1158, 1-800-694-4769
membership@rbg.ca]

Date: ___________________________

Purchaser’s Information

Cardholder Name 1: _______________________________________________________________________
Cardholder Name 2: (if applicable) __________________________________________________________
Address: ____________________________________________ Unit #: _____________________________
City: ____________________________ Province: ______________ Postal Code: ______________________
Phone: __________________________ Birthdate: (D/M/Y) _______/_______/_______
Email: _____________________________________________________________________

☐ Please sign me up for RBG emails, including newsletters, info and special offers. I understand that I can unsubscribe at any time.

Gift Membership

Recipient’s Information:

Cardholder Name 1: _______________________________________________________________________
Cardholder Name 2: (if applicable) __________________________________________________________
Address: ____________________________________________ Unit #: _____________________________
City: ____________________________ Province: ______________ Postal Code: ______________________
Phone: __________________________ Birthdate: (D/M/Y) _______/_______/_______
Email: _____________________________________________________________________

Mail Membership cards to: ☐ Purchaser ☐ Gift Recipient
Please send renewal notice to : ☐ Purchaser ☐ Gift Recipient

MEMBERSHIP LEVEL

☐ Student (with valid student ID) ☐ $50
☐ Single ☐ $85 ☐ $65
☐ Single Plus (one guest admission) ☐ $120 ☐ $100
☐ Family ☐ $130 ☐ $110
☐ Family Plus (two guest admissions) ☐ $175 ☐ $155
☐ Contributing ☐ $250
☐ Supporting ☐ $500
☐ Sustaining ☐ $1,000
☐ Benefactor’s Circle ☐ $2,500
☐ Director’s Circle ☐ Please call
☐ President’s Circle ☐ Please call

I would like to make a charitable contribution of: $__________________

CHARITABLE REGISTRATION 13350 0850 RR0001

TOTAL: $__________________________

PAYMENT METHOD

☐ CHEQUE (payable to Royal Botanical Gardens)
☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS

Card no: _____________________________ CVV: ___________ EXPIRY DATE: ___________
Name on Card: ___________________________________________ Date: ______________