

Individual Membership Form

12-Month Membership

The Connecticut Horticultural Society

2433 Main Street, Rocky Hill, CT 06067-2569
Phone: (860) 529-8713
Email: office@cthort.org • Website: www.cthort.org

Est. 1887

Member Name(s):	П Мож	Now Member (complete all fields below)						
			☐ New Member (complete all fields below)☐ Renewal (complete any new/changed information below)					
Street Address:		City:	Писпе		State			Code:
Street Address:		City.			State	·-	Zip	Code.
Unit or Apartment Number: Phone:					Cell:			
The CHS Newsletter is Emailed to new mem	hore Place	o note the er	mail addrace	s to which it cho	uld bo	cont:		
The Ch3 Newsletter is Emailed to new mem	Dels. Fleas	se note the er	nan address	S to which it sho	uiu be	Sent.		
Please select your membership level:								
☐ Individual \$49 Contribu				g Member:				
☐ Family				rden Builder		\$125		
☐ Sr. Individual (65+)				nt Expert		\$250		
☐ Sr. Family (65+)	\$64	☐ Dream Designe				\$500		
☐ Age 30 or Under	·							
☐ Student (full time with valid ID	-							
☐ Matching Gift Form Included. My Er		Name:						
Membership Benefits			Indiv. (all age	-	Garden	Plant	Dream	
			Family /Stud	ent	Builder	Expert	Designer	
Monthly Newsletter				✓		√	√	✓
Speaker Programs				√		√	√	√
Nursery and Travel Discount				√	-	√	√	√
Special Workshops				√		√	√	√
Opportunity to meet/socialize/network with other horticultural enthusiasts				✓		✓	✓	✓ ✓
Free access to CHS library				✓ ✓		✓	✓	✓
67% Discount on Horticulture Magazine				V		•		
\$10 discount tickets to Education Workshops CHS monthly pre-meeting dinner with speaker (at own expense)					-	2	2	2
Free Symposium Ticket (alternate years)							1	1
New Members receive a \$25 gift certificate	to White I	Flower Farm	and \$10 Au	ıction Bucks				1
		1101101	απα φ10 πε	detion backs.				
I am interested in helping with: (select all tha	t apply)							
☐ Auctions ☐ Flower Show ☐ Me				mbership				6
☐ Awards ☐ Newsletter / Publicity ☐ Off				ice Symposium				
☐ Education ☐ Hospitality / Meetings ☐ Pla				nned Giving				
☐ Finance ☐ Library ☐ Pro				grams		☐ We	come	
☐ Am willing to have CHS members	visit my q	arden						

Please return your membership form and check to the CHS office or pay online at www.cthort.org.

Rev. 10/2017 Office use only: #____, ___ Office use only: Date ___/___