

Est. 1887

## Individual Membership Form

12-Month Membership

## Connecticut Horticultural Society

P.O. Box 330966, West Hartford, CT 06133-0966

Phone: (860) 529-8713 • Email: office@cthort.org • Website: www.cthort.org

Member Name(s):	<ul> <li>□ New Member (complete all fields below)</li> <li>□ Renewal (complete any changes in information below)</li> </ul>							
Street Address:	City:			State:		Zip Code:		
Unit or Apartment Number: Phone:			Cell:					
The monthly Newsletter is Emailed to members. Please note the email address to which it should be sent:								
If this is a gift, please complete this section:								
Gift-giver Name(s): Street Address:								
City:	State:		Zip Code:	Zip Code:		Phone:		
Special message for welcome letter (optional)			Email: (in case there is a question about your gift)					
Please select membership level:								
☐ Individual \$60 ☐ Family \$80 ☐ Sr. Individual (65+) \$55 ☐ Sr. Family (65+) \$75 ☐ Student (full time w/ valid ID) Free		Contributing Member:  Garden Builder \$125 Plant Expert \$250 Dream Designer \$500						
☐ Matching Gift Form Included. Employer's Name:								
Membership Benefits			Indiv. / Fami Student (all a	-	arden uilder	Plant Expert	Dream Designer	
Monthly Newsletter			✓		✓	✓	✓	
Speaker Programs			<b>✓</b>		✓	<b>√</b>	<b>√</b>	
Opportunity to meet/socialize/network with other horticultural enthusiasts			<b>√</b>		✓	<b>√</b>	<b>√</b>	
Nursery and Travel Discounts			✓ ✓		<b>✓</b>	✓ ✓	✓ ✓	
Special Workshops 67% discount on <i>Horticulture</i> magazine			<b>∨</b>		<b>∨</b>	<b>√</b>	<b>∨</b>	
\$10 discount tickets to Education Workshops			, , , , , , , , , , , , , , , , , , ,		2	2	2	
Free Symposium Ticket (alternate years)					_		1	
New Members receive \$10 in Auction Bucks								
Please select all that apply and someone will be in touch:  ☐ Am interested in volunteering ☐ Am willing to have members visit my garden ☐ Am willing to submit articles/photos to newsletter/website								

Please mail your membership form and check to the CT Hort office (address at top) or pay online at www.cthort.org.

Rev. 08/2022 \$\_\_\_\_\_ Office use only: #\_\_\_\_\_ Office use only: Date \_\_\_/\_\_