# Membership Form

North Shore Horticultural Society
PO Box 171, Manchester, MA 01944
www.NSHorticulture.org

**Membership is for one year from today's date**

*PLEASE PRINT LEGIBLY*

Today's Date: _____ / ____ / _____

Last Name: _____ First Name: _____

If you are already a member of NSHS and your contact information is unchanged from last year, feel free to check the box immediately below. Otherwise, please provide your contact information.

☐ My contact info is the same as last year

Street: _____

Town/City: _____ State: _____ ZIP: _____

Phone#: _____

Email:

Please send me the NSHS *Newsletter* by (choose one): ☐ Email ☐ U.S. Mail

If a new member, how did you hear of us? _____

**Membership Type**:

☐ Single: $25/Year

☐ Family: $35/Year

☐ Life If you are a Life Member, please return this form to help us keep our records up-to-date

*The section below is for administrative use only*

| | | |
|---|---|---|
| Amount Paid: $_____ | Date Received: _____ /_____ /_____ | ☐ Name Tag Required? |
| ☐ Check ☐ Cash | ☐ Single ☐ Family | |