



ALBERTA HORTICULTURAL ASSOCIATION

AFFILIATE MEMBERSHIP 2019

Name of Society/Group/Club: _____

President: _____

Secretary: _____

Treasurer: _____

E-mail contact address for club _____

Name & address of person(s) responsible for handling correspondence:

Name: _____

Address: _____

City: _____ Prov. _____ Post. Code: _____

Phone No: (_____) _____ Email: _____

Secondary Contact:

Name: _____ Email: _____

Number of Members _____ (Based on membership December 31, 2018)

Fee: 30 members or less - \$30
Over 31 members - \$1.20 per member to a maximum of \$125

I give permission to post limited contact information (email and contact name and phone number) for affiliate on AHA website

Make cheque payable to: Alberta Horticultural Association

*Mail completed form and remittance to:

Judy Bortnik
Unit 374, 223 Tuscany Springs Blvd NW
Calgary, AB T3L 2M2

AHA Use Only

Date paid	_____
Amount	_____
Receipt No.	_____

* **Bylaw Section 4.3** Affiliate membership is for one calendar year (January to December)
Bylaw Section 4.6 and is renewable no later than February 1 of the current year.