



ALBERTA HORTICULTURAL ASSOCIATION

YEAR _____ Individual Membership \$20.00

Please make cheque payable to Alberta Horticultural Association

Name _____

Address _____

_____ City _____ Province _____ Postal Code _____

Phone: () _____ Fax () _____

E-Mail: _____

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.	_____



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

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Amount	_____
Receipt No.	_____