



ALBERTA HORTICULTURAL ASSOCIATION

AFFILIATE MEMBERSHIP

2024

Name of Society/Group/Club: _____

President: _____ Email: _____

Secretary: _____ Email: _____

Treasurer: _____ Email: _____

General Date of Meeting (e.g. 1st Monday of each month): _____

General meeting location: _____

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

Name: _____

Address: _____

City: _____ Prov. _____ Post. Code: _____

Phone No: _____ Email: _____

Secondary Contact:

Name: _____ Phone: _____ Email: _____

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

Number of Members _____ (Based on membership December 31, 2023)

Fee: 30 members or fewer - \$30.00
Over 30 members - \$1.00 per member to a maximum of \$75.00

Make cheque payable to: Alberta Horticultural Association

***Mail completed form and remittance to:**

Sandra Murray
9406 – 70 Avenue
Grande Prairie, AB T8V 5W8
mursan9@gmail.com

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.



Alberta Horticultural Association

Affiliate Club Member – Annual Report

Please complete this form and submit it to the AHA Treasurer

The information collected will be used to highlight the many activities of our horticultural societies, share ideas and promote affiliates across the province.

CLUB NAME:

GIVE A SHORT DESCRIPTION OF YOUR MEETING FORMAT (E.G. BUSINESS ONLY, SPEAKERS ONLY, COMBINATION OF BUSINESS, WORKSHOPS AND SPEAKERS):

SOURCE OF FUNDING (E.G. MEMBERSHIP FEES, SUPPORT OF MUNICIPALITY/AG SOCIETY, SPONSORS, FUNDRAISING – *NOTE – DO NOT LIST AMOUNTS*):

LIST ALL/SOME OF YOUR MEETING TOPICS AND SPEAKERS, AS WELL AS OTHER ACTIVITIES/EVENTS FROM THE PAST 12 MONTHS:

DESCRIBE ONE ACTIVITY THAT YOU ARE MOST PROUD OF FROM THE PAST 12 MONTHS:

AHA PARTICIPATION - DID YOUR CLUB:

HAVE A DELEGATE ATTEND THE ANNUAL GENERAL MEETING YES ☐ NO ☐

HAVE A DELEGATE ATTEND THE ANNUAL CONFERENCE YES ☐ NO ☐

DISTRIBUTE THE AHA NEWSLETTER TO YOUR MEMBERSHIP? YES ☐ NO ☐

APPLY TO THE SPEAKER REIMBURSEMENT PROGRAM? YES ☐ NO ☐

VISIT AND ACCESS INFORMATION ON THE AHA WEBSITE? YES ☐ NO ☐

SUBMIT CLUB EVENTS TO BE POSTED ON THE AHA WEBSITE? YES ☐ NO ☐

SEND IN YOUR COMPLETED FORM ALONG WITH YOUR MEMBERSHIP FEES TO:

Sandra Murray, AHA TREASURER

9406 – 70 Avenue, GRANDE PRAIRIE, AB T8V 5W8

mursan9@gmail.com

YOU MAY ALSO SAVE AND SUBMIT THIS FORM ELECTRONICALLY VIA EMAIL