

Ottawa Valley Rock Garden and Horticultural Society Membership Form: September 2016 – August 2017

Name(s): _____

New Member: Yes ___ How did you learn about the OVRGHS: _____

Renewal: Yes ___

Address: _____ City: _____ Prov: _____ Postal Code: _____

Telephone: _____ Email: (please print clearly!): _____

(An electronic copy of the OVRGHS Newsletter and other society emails will be sent to this email address. You may withdraw your consent to receive these emails at any time by sending an email to membership@ovrghs.ca with "Unsubscribe me" in the subject line along with your complete contact information.)

2015/2016 Membership Information

Circle one:

Single \$20.00	Family \$25.00	Late registration (after April meeting) \$5.00
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Yes ___ No ___ Would you welcome visits to your garden from other OVRGHS members?

Yes ___ No ___ Would you like to play an active role in the OVRGHS?

Interests: Plant Sales ___ Seed Exchanges ___ Workshops ___ Speakers ___

Garden Tours ___ Social Aspects ___ Expertise/Experience ___

Executive Committee ___ Other _____

Yes ___ No ___ Are you a current member of North American Rock Garden Society (NARGS)?

RELEASE FORM – MEMBERSHIP LIST

OVRGHS collects your personal information primarily for the purpose of providing you with the products and services you have requested from us, such as personal communication between rock gardeners, and in furtherance of the projects of the OVRGHS. The membership list is not shared nor sold to any outside organization. Commercial use of the membership list is prohibited.

Yes ___ No ___ Do you give OVRGHS permission to include your: a) name and b) contact information for distribution to members? (Strike out any items you do not want included.)

As a member of the Ontario Horticultural Association (OHA) and a Chapter of NARGS, the OVRGHS must share its approved membership list with them as per policy requirements. The information is for the exclusive use of OHA and NARGS and its members and shall not be sold or in any manner be provided to others for promotional purposes.

Yes ___ No ___ Do you give OVRGHS permission to share your: a) name and b) contact information to OHA and NARGS? (Strike out any items you do not want included.)

RELEASE FORM - FACILITIES

I, the undersigned, in consideration of participating in the programs of the Ottawa Valley Rock Garden and Horticultural Society and the use of the facilities belonging to the Westboro Masonic Temple, Limited, located at: Westboro Masonic Hall, 430 Churchill Avenue, Ottawa, ON K1Z 5C9, hereby:

1. Assume all risks of loss, damages or injuries of any kind arising from use of the facilities of the Westboro Masonic Temple, Limited and from my participation in the programs of the Ottawa Valley Rock Garden and Horticultural Society.
2. For myself, my heirs, executors, administrators and assigns, release and forever discharge the Ottawa Valley Rock Garden and Horticultural Society, its members, officers, directors and agents, and the Westboro Masonic Temple, Limited and its officers, directors, agents and employees from any action, cause of action or claim for damage, loss or injury, whether caused by negligence or otherwise, arising from my use of the premises of the Westboro Masonic Temple, Limited, or participation in any programs, activities or services provided or sponsored by the Ottawa Valley Rock Garden and Horticultural Society.

I have read, understand and agree to the terms of this release.

Signature: _____ Print name: _____ Date: _____

Please return this form to:

Margaret Don, Membership Secretary, OVRGHS
P.O. Box 9123 Station T, Ottawa ON K1G 3T8