Membership application

Join Riverbend Community Garden for a year. Fill in this form and send it back with your first payment.

*Fields marked * are required.*

About you

First name *

Last name *

Street address

City

Province or state

Postal code

Email *

Phone

Your membership

Membership * ◯ Individual, $40 ◯ Family, $70 ◯ Student, $20

Start date *

What would you like to take part in?

☐ Send me the monthly newsletter by email

☐ I agree to the members' rules and sign below. *

Signature *

Date *

Please bring the form to the garden shed on a Saturday morning, or mail it to 85 Mill Road, Elora, ON N0B 1S0.