



**Society Annual Information Report**  
**Ontario Horticultural Association**  
 Due Feb 1, 2018

District	
No.	

**FINAL**

Societies are encouraged to complete this form using the web site.  
 If you need a password to log in,  
 contact [webmaster@gardenontario.org](mailto:webmaster@gardenontario.org)

Please complete & return this form to your District Director  
 Print or type all information

**Section A: Mailing Address & Contact Information for 2018**

<b>Society Name:</b>		
Floral Emblem & Founding Date:		
<b>Society Mailing Address:</b>		
City, Province & Postal Code:		
Society Email Address:		
Email Address to Receive Trillium:		
<b>President's Name/Phone Number:</b>		(    )
President's Email:		
President's Address:		
President's City, Province & Postal Code:		
<b>Secretary's Name/Phone Number:</b>		(    )
Secretary's Email:		
Secretary's Address:		
Secretary's City, Province & Postal Code:		
<b>Treasurer's Name/Phone Number:</b>		(    )
Treasurer's Email:		
Treasurer's Address:		
Treasurer's City, Province & Postal Code:		
<b>Adult Membership Number*:</b> (Total at 2017 year-end)	_____The Adult Membership number should be the same as the membership count that is submitted to OMAFRA. *The ADULT MEMBERSHIP NUMBER should include Life members.	
<b>Life Members 2017:</b>	_____ The Society must pay a membership fee into the membership account for those life members, even if it's \$1.00 to ensure OHA insurance coverage is provided to the life members.	
<b>New Members 2017</b>	_____ Out of the total Adult Membership number, this is the number of members who are new to the society and joined in 2017. (The New Members 2017 number is included in the Adult Membership number above. This info. is for statistical purposes only.)	



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<b>Youth Program</b>		
<b>Youth Membership Number</b> (Total at 2017 year-end)		Send the OHA Youth Newsletter by: Mail <input type="checkbox"/> e-mail <input type="checkbox"/> do not send <input type="checkbox"/>
<b>Youth group in operation:</b>	Does an organized youth program or youth club exist? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>If a youth club is not in operation in this society, please skip the rest of this section and go to Section B</b>		
<b>Youth club fee:</b>	What is the fee paid by each youth member? \$____.____	
<b>Youth Leaders Names/Phone Numbers:</b> (for more space, attach separate page)		(      )
Youth Leader's Address:		
Youth Leader's City & P.C.:		
Youth Leader's Email:		

**Youth Club Report:**

Please explain in detail the activities of your youth work, including any costs related to administration, number of competitions, where meetings are held and content of meetings. Also answer how are projects chosen and if the Youth members elect their own officers.

**Youth Club Comments:**

Please add ideas or suggestions you feel will be helpful to other clubs.



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### Section B – Planned Activities for 2018

<b>When are Society meetings?</b> (e.g. 3 <sup>rd</sup> Wed. Mar-Dec)	
<b>Meeting Location address:</b>	
<b>Anniversary and/or other Special Events :</b> (please provide details)	

### Section C –Directors, Board Members & Executive for 2018

List all of the VPs and Directors serving in 2018.

Position	Name, Address, City & Postal Code, Phone (with area code) & Email Address

### Section D – Society Information Report (from 2017)

<b>Date of Fiscal Year End:</b>		<b>Date of Most Recent AGM:</b>	
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**Educational Activities 2017**

<b>Dates &amp; locations of Flower Shows:</b>	
<b>Garden &amp; Bus Tours:</b>	



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**OUTSTANDING Seminars, workshops and noteworthy speakers** (please list or attach separate sheet if necessary):

**Community Work 2017**

**NEW Community Projects & Plantings Started and/or continued in 2017:**

**Scholarships 2017**

**Please indicate the scholarships given by your society as follows:** Check boxes that apply.

1. Does your society give an annual scholarship to an educational facility? Yes  No
2. Please provide name of educational facility. \_\_\_\_\_
3. Town located \_\_\_\_\_
4. If more than one annual scholarship is given, please indicate how many and list names/towns of educational facility. \_\_\_\_\_  
\_\_\_\_\_
5. Value of each scholarship given \$ \_\_\_\_\_
6. Do you plan to give the same or a different scholarship in 2017? \_\_\_\_\_

**Section E: Summary Report**

Please assist your District Director by providing a summary of **HIGHLIGHTS of the PAST YEAR** in **no more than 100 words** as a draft of your Society's contribution to the OHA Annual Report. **Please attach as a separate sheet to this report.**

***Thank you for taking the time to complete this report!***  
***Please use the back of this sheet for any additional comments.***

**Optional long report**

If your society wishes to include a longer report please attach the text.