



Membership Form for New Members /Renewals

NAME: _____

ADDRESS: _____

POSTAL CODE: _____ TELEPHONE: _____

E MAIL: _____

Enclose cheque for \$15 made payable to **London Fanshawe Horticultural Society** and mail to:

London Fanshawe Horticultural Society

1593 Adelaide Street North

P.O. Box 51017

London, Ontario N5X 4P9