

C.C.D.S Membership Request/Renewal Form
(2017 Annual Dues: \$20.00 per family **Special \$15 for New Member**)

Please check ONE of the following:

I wish to become a member.....: ()

I wish to renew my membership...: ()

My Name:

My Address

Street: _____

Town: _____ **Province:** _____

Postal Code: _____ - _____

My Telephone #: () _____ - _____

My E-mail address:

My Main Interest(s): **Chrysanthemums..... ()**

Dahlias..... ()

Please send the completed form with payment enclosed to:

Ross Harrison,

60 Cumber Avenue.

Toronto, Ont, Canada

Postal Code M1E-1T3

(Membership questions to Ross Harrison – rossharrison@sympatico.ca)