



2017 – 2018 MEMBERSHIP

Mail or bring your dues to the first meeting.

Please make checks out to the Guilford Horticultural Society

Send to
Pat Price at 5319 Tower Rd/Greensboro, NC 27410

Name/s _____

Address _____

Email Address _____ Phone _____

Amount for Membership/s \$25 individual, \$35 household family

total \$ _____

Registration for the March 4, 2017 Symposium @ **\$45 for members & \$50 for non-members** total \$ _____

Indicate regular _____ veggie _____ gluten free _____ lunch for

Check total enclosed \$ _____