



SEEDS FOR LIFE

Membership Application

☐ New

☐ Renewal*

*if renewal, please indicate if there are any **changes** to your contact information

Name(s): _____

Address: _____

Phone: _____ Email: _____

Signature: _____

- **Do you want to receive newsletters, notices of events, and society updates via email?**
☐ Yes ☐ No
- **Would you like to learn about gardening and seed saving?**
in workshops? ☐ in reading material? ☐
- **Are you interested in becoming a volunteer?** ☐ Yes ☐ No
We will contact you with more information and a volunteer application.
- **Are you interested in becoming a home grower (growing seeds for the Society)?** ☐ Yes ☐ No
We will contact you with more information.

Membership fee: \$20/person/year [April 1 – March 31]

Form of payment: ☐ Cash ☐ Cheque ☐ E-transfer ☐ Prepaid Gift Membership # _____

**Payable by or before May 31st **

To be filled out by Society Representative

Society Rep: _____ Date: _____

Membership fee received? ☐ Yes

Questions? Need more information? Contact us: 250-254-9970

crestonseedbank@gmail.com

crestoncommunityseedbank.org

PO Box 125 Creston, BC V0B 1G0

We appreciate your support!

We respectfully acknowledge our work takes place on the traditional and unceded territory of the Ktunaxa Nation.