

**The Flower Cart Society
Membership Application**

Applicant: _____

<u>Civic and Mailing Address</u>	<u>Work Address</u>
_____	_____
_____	_____
_____	_____
Phone: _____	Phone: _____
Email: _____	Email: _____
Fax: _____	Fax: _____

I prefer that you contact me concerning admission to The Flower Cart Society by:

- | | |
|--|---|
| <input type="checkbox"/> Civic and Mailing Address | <input type="checkbox"/> Email address. Please specify which email. |
| <input type="checkbox"/> Work Address | <input type="checkbox"/> Fax number Please specify which fax. |

I, _____, hereby apply for membership in The Flower Cart Society. I agree to abide by The Flower Cart Bylaws, support the society's mission i.e., "Flowercart promotes community participation by adults considered to have an intellectual disability through supported training and employment", and to remit the annual membership fee.

Signed: _____ Date: _____

Please return the completed application form via one of the following 3. methods:

1. The Flower Cart
9412 Commercial Street
New Minas, NS CAN
B4N 3E9

2. reception@flowercart.ca

3. Fax: 1-902-681-0922