

Ms.  Mrs.  Mr.  **FIRST NAME:** \_\_\_\_\_ **SURNAME:** \_\_\_\_\_

Ms.  Mrs.  Mr.  **FIRST NAME:** \_\_\_\_\_ **SURNAME:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal code: \_\_\_\_\_ Home tel.: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_ 2<sup>nd</sup> email address: \_\_\_\_\_

### Membership Categories (GST & QST included)

**Note:** For residents of Senneville and Sainte-Anne-de-Bellevue, refer to the columns Senneville/SAB for your subsidized membership rate.

**Please select a category by checking the corresponding box:**

- |   | Senneville<br>1/3 rebate            | SAB<br>1/5 rebate                 | Other<br>Municipalities           |          |
|---|-------------------------------------|-----------------------------------|-----------------------------------|----------|
| Student (full-time)<br><small>(Please attach a photocopy of ID.)</small>  | <input type="checkbox"/> \$31.00    | <input type="checkbox"/> \$37.00  | <input type="checkbox"/> \$46.00  | \$ _____ |
| Senior individual<br><small>(65 years of age or older - Please attach a photocopy of ID.)</small>                               | <input type="checkbox"/> \$42.00    | <input type="checkbox"/> \$50.00  | <input type="checkbox"/> \$63.00  | \$ _____ |
| Individual  | <input type="checkbox"/> \$65.00    | <input type="checkbox"/> \$78.00  | <input type="checkbox"/> \$98.00  | \$ _____ |
| Senior couple<br><small>(One in the couple must be 65 years of age or older.)</small>   | <input type="checkbox"/> \$70.00    | <input type="checkbox"/> \$83.00  | <input type="checkbox"/> \$104.00 | \$ _____ |
| Couple / family<br><small>(Children must be 18 years or under, or full-time students. Please attach a photocopy of ID.)</small> | <input type="checkbox"/> \$100.00   | <input type="checkbox"/> \$120.00 | <input type="checkbox"/> \$150.00 | \$ _____ |
| Corporation   | <input type="checkbox"/> \$2,000.00 |                                   |                                   | \$ _____ |

Membership and Newsletter mailing option:  E-mail  Mail

Preferred language of correspondence:  English  French

I am interested in volunteer opportunities:  Yes

### Children

Children must be 18 years of age or under, or full-time students

**First name and surname**      **Birth dates (dd/mm/yy)**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

### Parking Decal

Please provide the license plate(s) of your vehicle(s):

1) \_\_\_\_\_

2) \_\_\_\_\_

**Note:** 2nd decal is not applicable to an individual, senior individual or student membership

### Charitable Donation

A receipt will be issued for income tax purposes

- |   |                     |          |
|---|---------------------|----------|
| <input type="checkbox"/> General Donation       |                     | \$ _____ |
| <input type="checkbox"/> Arbo50 Endowment Fund  |                     | \$ _____ |
| <input type="checkbox"/> Road Improvement Fund  |                     | \$ _____ |
| <input type="checkbox"/> Trail Improvement Fund |                     | \$ _____ |
| <input type="checkbox"/> Sustaining             | \$170.00 - \$499.99 | \$ _____ |
| <input type="checkbox"/> Benefactor             | \$500.00 - \$999.99 | \$ _____ |
| <input type="checkbox"/> Platinum Donor         | \$1,000.00 and up   | \$ _____ |

### Dog Renewal Membership

Please also complete page 2 of this form

Renewal per dog      \$75.00 x \_\_\_\_\_ \$ \_\_\_\_\_

**Click to calculate** Total \$ \_\_\_\_\_

### Consider a Gift Membership

If you wish to offer a membership to someone you care for, simply complete a membership form with the name and details of the person receiving the gift. Then complete this section. We will send the membership package to the recipient with a note welcoming them to the Morgan Arboretum on your behalf.

This gift membership is from:

First name: \_\_\_\_\_

Surname: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel.: \_\_\_\_\_

Currently a member: Yes  No

Indicate your message to the recipient in the space below:

**Please send the printed form with your cheque made payable to: Morgan Arboretum-McGill**

21,111 Lakeshore Road, P.O. Box 186, Sainte-Anne-de-Bellevue, QC, H9X 3V9

Tel.: 514-398-7811 Fax: 514-398-7959 Email: morgan.arboretum@mcgill.ca Website: www.morganarboretum.org  
<https://www.facebook.com/FriendsofMorganArboretum>    [@morgan.arboretum](https://www.instagram.com/morgan.arboretum)

### Charitable Donations

Several levels of donations are recognized on the Donor Board in the Arboretum and in the Spring Newsletter. Be assured that any donation is greatly appreciated. Do contact us if you have any questions or require more information.

<b>Bronze</b>	<b>Silver</b>	<b>Gold</b>	<b>Platinum</b>
\$50.00 - \$99.99	\$100.00 - \$499.99	\$500.00 - \$999.99	\$1,000.00 +

A designated donation in support of the Morgan Arboretum will be directed as follows:

<b>General Donation</b>	General support for ongoing activities such as tours and events
<b>Arbo50 Fund</b>	For capital improvement projects with particular emphasis on collections, trails and facilities
<b>Road Improvement Fund</b>	For maintenance of the access road to the Arboretum
<b>Trail Improvement Fund</b>	For upkeep of the trails including trail signage, boardwalks and footbridges
<b>Sustaining and Benefactor</b>	For conservation, education, and research activities
<b>Platinum Donor</b>	In this category we encourage dialogue to find a suitable project on behalf of the donor

### Dog Registration - Renewal

There are a limited number of dog registrations available. Please renew **BY MAY 31, 2021**. After this date, your place will not be reserved and all available spaces will be given to those on the waiting list. Those who are registering a dog will receive a dog registration card which you must show to the gatekeeper **whenever** you bring your dog to the Arboretum. All new/replacement dogs are to be evaluated by a committee of the FMA before they are admitted to the Arboretum. Please review the Dog Owners Rules and Regulations section of our website.

	Dog #1	Dog #2	Dog Evaluation
Name			<input type="checkbox"/> I have a replacement dog that needs evaluation
Breed			<input type="checkbox"/> I have an additional dog and would like my dog on the waiting list (pending approval)
Colour			<input type="checkbox"/> I do not have a registered dog, but would like my dog on the waiting list (pending approval)
Sex			If you have checked one of the above boxes, please send the following information to <a href="mailto:morgan.arboretum@mcgill.ca">morgan.arboretum@mcgill.ca</a> : your name, phone number as well as your dog's name, breed and age, and indicate which of the three situations applies to you.
Fixed			
Last rabies vaccination	____ / ____ / ____ dd    mm    yy	____ / ____ / ____ dd    mm    yy	

### Agreement

I have read and understand the Dog Owners Rules and Regulations concerning dogs and their owners and I agree to comply with these rules. In addition to any other liability arising by law, I agree to hold harmless and indemnify the Morgan Arboretum and McGill University in respect of any damage to persons or to property that may be caused by my dog, whether the animal is in my custody or that of someone else, or has strayed or escaped.

Name: Please print \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
dd / mm / yy