



**For Office Use**

Season Pass Number \_\_\_\_\_

Amount Paid \_\_\_\_\_

**KINGSBRAE GARDEN 2012 SEASON – OPEN 7 DAYS A WEEK 9 A.M. – 6 P.M.**

**May 18– October 6, 2012**

**MEMBERSHIP FORM** - Please mail or fax completed membership forms.

**Membership Cards will be available for pick up at the Admissions Building on or after opening day – please indicate if you require your card(s) to be mailed.**

NAME (For printing of Card): \_\_\_\_\_

ADDRESS (Complete): \_\_\_\_\_

Postal

Code: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

E-Mail Address \_\_\_\_\_

I would like to receive news of events and activities at Kingsbrae Garden. \_\_\_\_\_ Yes \_\_\_\_\_ No

MEMBERSHIP TYPE: (Check One) FAM FR\_\_\_\_, FAM\_\_\_\_, IND FR\_\_\_\_, IND\_\_\_\_

CREDIT CARD #: Visa/MC \_\_\_\_\_ Expiry: \_\_\_\_ Month \_\_\_\_ Year

CHEQUE NUMBER: \_\_\_\_\_

**Kingsbrae Garden respects your privacy. We protect your personal information and adhere to all legislative requirements with respect to protecting privacy. The information which you provide will only be used to inform you of events with regards to your membership.**

**Upgrade your membership to a Friend of the Garden for an additional \$27 (Ind) or \$30 (FAM). Contact: KGHI office ph 506-529-3335 Ext #1 fax 506-529-4875.**

For a family membership please complete the additional required information.

**FAMILY MEMBERSHIP**

**A FAMILY MEMBERSHIP APPLIES TO TWO ADULTS AND THEIR DEPENDENT CHILDREN UNDER THE AGE OF 18 YEARS.**

**PLEASE IDENTIFY YOUR FAMILY MEMBERS BELOW.**

1. Name of Adult Members (2 only) \_\_\_\_\_

\_\_\_\_\_

2. Names of Children (under 18 yrs) \_\_\_\_\_

\_\_\_\_\_

**THE MANAGEMENT AND STAFF OF KINGSBRAE GARDEN  
WOULD LIKE TO THANK YOU FOR YOUR SUPPORT**