

FRIENDS OF THE PETAWAWA RESEARCH FOREST MEMBERSHIP APPLICATION

PERSONAL INFORMATION

Name:

Mailing Address:

City:

Province:

Postal Code:

Telephone:

E-mail:

MEMBER INFORMATION

Is this a new membership: yes no *(please circle one)*

How do you prefer updates: letter mail e-mail *(please circle one)*

PAYMENT INFORMATION (OPTIONAL)

Enclosed is my donation of \$ _____

Payment Method: cash cheque *(please circle one)*

NOTE: Membership is free however donations of \$10.00 and greater are tax-deductible and will be issued a charitable receipt. Charity #88812 3007 RR0001.

COMMENTS AND SUGGESTIONS

SEND YOUR COMPLETED MEMBERSHIP FORM TO:

Susan Yatabe – Membership
Friends of the Petawawa Research Forest
Box 2000
Chalk River, ON K0J1J0