

Lake Charlotte Area Heritage Society

Membership Form

Membership for (please circle): 2006 2007 2008 2009 Lifetime

Name (please print): _____

Home Address: _____
(please give civic number and street name)

(Municipality / city)

(province/state)

(postal code / zip)

(Home Phone)

(Work Phone)

(Email)

Name for Card 1:

(if different from above)

(Family)

Card 2:

Card 3:

Member Type: Individual (\$10) Family (\$25) Lifetime Individual (\$150)

Yes! I would like to make a tax-deductible donation of \$15 or more: _____
(Amount)

Total Amount Enclosed: _____

Yes! I am interested in volunteering, please contact me.

Yes! Please add my email address to your monthly news bulletin informing me of special events, dinner, etc.

Amount Received: _____ Date Received: _____ Received By: _____

Paid By: £ Cash £ Cheque £ VISA £ Master Card £ Debit £ Other _____

Membership Tracking:

R Where complete Q Where not applicable

£ Receipt Issued Date: _____ By: _____ # _____

£ Treasurer Recorded Date: _____ By: _____

£ Membership Data Recorded Date: _____ By: _____