

## MEMBERSHIP FORM

**Yes!** Please  Renew my membership or  Accept my new membership

Name 1: \_\_\_\_\_

Name 2: \_\_\_\_\_  
*(Max 2 people per membership)*

**Local, Trent Lakes or Kawartha Lakes address :**

Street no. and st. \_\_\_\_\_ PO Box \_\_\_\_\_

FR# \_\_\_\_\_ Town \_\_\_\_\_ ON : P Code \_\_\_\_\_

**Mailing address if different from above:**

No. and Street \_\_\_\_\_ PO Box/ Apt. \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ P. Code \_\_\_\_\_

E-mail addresses: 1 \_\_\_\_\_

E-mail address: 2 \_\_\_\_\_

**Yes** \_\_\_\_\_ you may email me updates and information. I understand that my email information will never be shared or sold.

**Phone Nos.** ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please let us have the following information about you:**

**1. Do you have any special interests or concerns?**

\_\_\_\_\_

**2. Would you be interested in serving on our Board of Directors?**

**Yes: Please contact me**

**THANK YOU!**  
*Your membership support joins your voice with ours in caring for Pigeon Lake and catchment area.*

**Office Use**

Date \_\_\_\_\_

Cheque # \_\_\_\_\_

Cash \_\_\_\_\_

Membership from ( Year):  
\_\_\_\_\_ to \_\_\_\_\_

Added to email list

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please fill out this form and mail with your cheque for \$45 to  
NPLRA, General Delivery, Bobcaygeon ON K0M 1A0  
OR scan, email and send \$45 by e-transfer to [Treasurer@nplra.ca](mailto:Treasurer@nplra.ca)

*No receipts are sent unless specifically requested*