



MEMBERSHIP FORM

Please indicate: Renew membership (Please indicate any changes below)

New membership

Name: _____
(Max 2 people per household membership)

Local Trent Lakes or Kawartha Lakes address:

No. and Street _____ P.O. Box _____

FR/RR _____ Town _____ P. Code _____

Mailing address (if different from above):

No. and Street _____ P.O. Box/Apt. _____

City _____ Prov. _____ P. Code _____

E-mail address: 1 _____

E-mail address: 2 _____

Yes, you may email me updates and information. I understand that my email information will never be shared nor sold.

Phone #s: () _____ () _____

Signed: _____ Date: _____

Please provide 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 North Pigeon Lake and its catchment area.

| Office Use | | |
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| Yr. | Amt. | Method |
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Please fill out this form and mail with your cheque for \$45 to NPLA, General Delivery, Bobcaygeon ON K0M 1A0 OR fill, scan, and email this form AND send \$45 by e-transfer to: president.npla@gmail.com

Sorry, no receipts unless specifically requested.