



MEMBERSHIP FORM

Please indicate: Renew membership (Form required only if 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 a Committee or Working Group?

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		
Yr.	Amt.	Method

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

Sorry, no receipts unless specifically requested.