



# 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 \$50 to  
NPLA, General Delivery, Bobcaygeon ON K0M 1A0  
OR fill, save, and email this form AND send \$50 by e-transfer to: [president.npla@gmail.com](mailto:president.npla@gmail.com)

Sorry, no receipts unless specifically requested.