



MEMBERSHIP FORM

FIRST NAME _____

LAST NAME _____

ADDRESS _____

CITY _____

PROV/STATE _____ POSTAL CODE _____

TELEPHONE # _____

EMAIL ADDRESS _____

(Email address will only be used for membership communications)

DUES: \$20 PER PERSON \$40 PER FAMILY

CHEQUES PAYABLE TO: GEORGINA HISTORICAL SOCIETY

E-TRANSFER TO: georinahistoricalociety@outlook.com

Please include name in description field