



MEMBERSHIP APPLICATION

Date: _____
 Name: _____
 Address: _____
 Box/RR#: _____
 City: _____
 Postal Code: _____
 Telephone: _____ Email Address: _____

Membership expires on August 31st each year

MEMBERSHIP \$ _____

Single \$40

DONATION \$ _____

Family \$55

Lifetime \$500 (Note: Lifetime Membership is *per person*)

TOTAL \$ _____

Please send me newsletters/information via e-mail I wish to volunteer

Cash Cheque Visa MasterCard By telephone By E-mail

Credit Card #: _____ Card Expiry: _____ Auth. # _____

Cardholder Name/Signature: _____ For family membership, please list family members:

Website: www.niagarapumphouse.ca

Email office@niagarapumphouse.ca



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