

Friends of Point Pelee - Membership Application

Name: _____

Address: _____

Phone: (____) _____

Email: _____

Date: _____

Please Select Membership (Canadian Funds):

\$15 SINGLE

\$20 FAMILY

\$50 SPONSOR - Includes single membership and a \$35.00 tax receipt

\$500 PATRON - Lifetime membership and a \$350.00 tax receipt

Donation Amount (Do NOT Send Cash in the mail):

\$25 \$50 \$100 \$200 \$ _____

Method of Payment:

CHEQUE VISA MASTERCARD AMERICAN EXPRESS

Card #: _____ - _____ - _____ - _____ Expiry Date: (YY/MM) _____ / _____