

MEMBERSHIP APPLICATION FORM



Please print clearly:

NAME: _____

ADDRESS: _____

NUMBER & STREET

CITY/TOWN

POSTAL CODE

TELEPHONE: _____

EMAIL: _____

INDIVIDUAL MEMBER \$20.00 FAMILY MEMBER \$40.00

TOTAL ENCLOSED: _____ I'D LIKE TO BE A VOLUNTEER

IF A FAMILY MEMBERSHIP, PLEASE GIVE NAMES OF FAMILY MEMBERS:

1) _____

2) _____

3) _____

4) _____

THANK YOU FOR BEING A "FRIEND" TO THE MUSEUM.

PLEASE ATTACH CHEQUE TO APPLICATION AND MAIL TO:

The Canadian Fire Fighters Museum, PO Box 325
95 Mill Street South, Port Hope, Ontario, Canada L1A 3W4