MACNAMARA FIELD NATURALISTS' CLUB
MEMBERSHIP FORM

NAME: _____ **DATE:** ___/___/___
First/Last M/D/YR

ADDRESS: _____

_____ _____
City, Province Postal Code

PHONE: (_____) _____-_____ **EMAIL:** _____

Are you a new member of the Club*? Y / N

*if you have let your membership lapse you are considered a new member.

May we contact you regarding helping (Meetings, Special Events, Macnamara Trail, Executive, or other volunteer activity)? Y / N

ANNUAL MEMBERSHIP FEES (renew in January):

Individual: ☐ $25

Family: ☐ $30 (number of adults: _____ participating children: _____)

Donation: ☐ $ ___ (for Macnamara Club.) Tax receipts will be mailed for donations of $20 or more. If this is a family membership, please list all adult names:

_____

If this is a family membership including participating children, please list their names and ages:

_____

Please make cheque payable to: "Macnamara Field Naturalists' Club" and send to:

Macnamara Field Naturalists' Club, P.O. Box 391, Arnprior ON K7S 3L9

General Inquiries: info@mfnc.ca Website: www.mfnc.ca