

The St. Thomas Field Naturalist Club Inc.

PO Box 22092 RPO Elmwood Square
St. Thomas ON N5R 6A1



2027 MEMBERSHIP FORM

PLEASE PRINT

Individual or Family Membership (household)

Please list NAMES of family members joining club: These names are needed for club insurance purpose.

Address:

Postal Code: _____

Telephone: (_____) - _____ - _____

Email: _____

I/we agree to receive Newsletter by Email. Please initial _____

Individual Membership \$25.00

Family Membership (household) \$35.00

PLEASE BRING THIS FORM TO A CLUB MEETING OR MAIL TO THE ABOVE ADDRESS.

CHEQUES ARE TO BE MADE PAYABLE TO: St. Thomas Field Naturalist Club Inc.

Office Record

Membership Type	Individual	Family
Payment Method		
Date of Membership		
Amount		
Donation		
Membership Director Initial		