

**FRIENDS OF BON ECHO PARK
MEMBERSHIP FORM 2018-19**

(Apr 1, 2018 to Mar 31, 2019)

Name: _____

Address: _____

_____ Postal Code _____

Telephone: (Home) (____) _____ (Business) (____) _____

E-mail address: _____

Would you prefer to have your copy of the newsletter Echoes from the Rock by mail or by email? _____

Names to be entered on membership card: _____

Membership Categories: Individual \$15.00 _____

Family \$25.00 _____

Charitable # 89171 6730 RR0001 Donation: \$ _____*

Total amount enclosed: \$ _____

Visa or MasterCard accepted (up to Oct 15, 2018)

Authorization to use Visa _____ MasterCard _____

_____ Expiry date ____/____

Signature: _____ Date _____

If paying by cheque, make payable to: Friends of Bon Echo Park.

* If you are making a donation, may we recognize it on the website and on the Donor Recognition Program at the Visitor Centre? Yes _____ No _____

Friends of Bon Echo Park
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Cloyne ON K0H 1K0

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613-336-2712 (Fax)
admin@bonechofriends.ca

Thank you for your support!