

Membership Application

I / We wish to join the Society and enclose the lifetime membership fee of \$40.00 per adult X _____ = \$ _____
Dependents under 18 are included at no charge.

Please print name(s) _____

Address _____

Postal Code _____

Phone _____

E-mail _____

Mail to: Memorial Society of Northern Ontario
PO Box 1355, Stn B, Sudbury, ON P3E 5K4

Please tell us how you learned of the Society.
