

MEMBERSHIP APPLICATION

I (we) want to join the Society and enclose the lifetime membership fee of \$50.00 per adult X_____ = \$_____

Please print name(s):

Address:

Age: -40 40-60 61-75 +75

Age: -40 40-60 61-75 +75

Phone Number:

Email:

Send to: Memorial Society of Northern Ontario, P.O. Box 1355, Stn B, Sudbury ON P3E 5K4 | msnont@gmail.com