



Membership Form

___ \$10 for an individual or ___ \$20 for your family

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR OUR MEMBERSHIP RECORDS
(if purchasing a family membership, please be sure to provide all family members' names)

Name: Name:

Name: Name:

Address:

Phone: (519)..... email address:

The membership cards will be sent out by return mail.

Please make cheques payable to LKM PC Association.

and mail to:

LKM PC Association
PO Box 430
Glencoe, Ontario N0L 1M0