



MEMBERSHIP & RENEWAL FORM

Complete and mail in enclosed prepaid enclosed envelope

CONTACT INFORMATION

Name: _____

Mailing Address: _____

Telephone: _____ Email: _____

MEMBERSHIP OR RENEWAL

Today's Date: _____

I would like to renew my membership with the North Hastings Community Fish Hatchery.
Please indicate your preference below:

	<u>1 Year</u>	<u>2 Years</u>	<u>10 Years</u>	<u>Lifetime</u>
Single Membership	<input type="checkbox"/> \$40.00	<input type="checkbox"/> \$80.00	<input type="checkbox"/> \$400.00	<input type="checkbox"/> \$1,000.00
Family Membership	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$100.00		

\$ _____

* Please list names of family members:

DONATIONS

I would also like to make a donation of:

Do you require a tax receipt? ☐ Yes ☐ No \$ _____

METHOD OF PAYMENT

☐ Cheque ☐ Online payment

Total: \$ _____

Privacy Statement: Information collected is used solely for NHCFH purposes and will not be made available to or for public use.