## **APPLICATION FORM**

☐ New Mei	mber 🗆 Ren	ewal
□ Mr. □ Mrs. □ M	s. 🗆 Miss 🗆 Dr. 🕻	⊒ Business
Date:	/ Month / Year	
Last Name:	/ Month / Year	
First Name(s):		
Address:		
	Street	
City	Prov.	Postal Code
Telephone:	Fax:	
E-mail:		
Please circle the appropriate Membership Fee Stru	ropriate 1 or 3 year I	
Category:	1 Year	3 Year
Individual:	\$ 22.00	\$ 60.00
Senior, 65+:	\$ 19.00	\$ 50.00
Family:*	\$ 33.00	\$ 90.00
Senior Family:*	\$ 28.00	\$ 77.00
Business:	\$110.00	\$275.00
*Family Members res	iding at the same ac	ddress.
Make cheques payab	le to The Old School	ol House
TAX DEDUCTIB	LE GIFTS	
Canadian Charity that help us fulfill o issued for any gift of	organization and r we welcome finar ur mandate. Tax re over \$20.00 to make a donation	ncial gifts ceipts are
VOLUNTEER OPPORTUNITIES		
Yes! I am interested. Please call me.		