



2017 PUBLIC MEMBERSHIP APPLICATION FORM

Membership Fee \$73.45 (13% HST included)

MEMBERSHIP NO: _____ (office use only)

Contact Name(s): _____

Summer Address: _____

City/Town: _____ Province: _____

Postal Code: _____ Telephone: _____

Fax: _____ Toll Free: _____

E-mail: _____ Website: _____

Winter Address: _____

City/Town: _____ Province: _____

Postal Code: _____ Telephone: _____

Fax: _____ Toll Free: _____

E-mail: _____ Website: _____

MORE INFORMATION:

To help us serve our members better, please tell us why you are joining NOTO as a public member and what we can do for you to make your membership worthwhile.

METHOD OF PAYMENT

Visa MasterCard American Express Cheque

Credit Card Number: _____ Expiry Date: _____

Security #: _____

Signature of Cardholder: _____ Date to be Processed: _____

Amount: _____

THANK YOU FOR YOUR SUPPORT!