



Membership Application / Renewal

Member Information:

Name: _____

Address: _____

Postal Code: _____

Email: _____

Phone: _____

Membership still only **\$10.00 per year per household** –
 (Please do not send cash in the mail)

c/o 5511, 413 Linwell Road, St. Catharines ON L2M 7Y2

City of St Catharines Income Tax Receipts now begin at \$20.00

Cheque # _____
 Cash \$ _____
 e-Transfer

friendsofwalkerscreek@gmail.com

I am interested in:

- | | |
|--|---|
| <input type="checkbox"/> Environmental Issues & Projects | <input type="checkbox"/> Community Safety & Policing |
| <input type="checkbox"/> Social Activities & Events | <input type="checkbox"/> Local Governance Issues |
| <input type="checkbox"/> Guest Speakers at meetings | <input type="checkbox"/> Volunteering as a Yard Tour Host |
| <input type="checkbox"/> Other: _____ | |

I am available to:

- | | |
|---|---|
| <input type="checkbox"/> Deliver newsletters & brochure | <input type="checkbox"/> Attend meetings |
| <input type="checkbox"/> Publish newsletters | <input type="checkbox"/> Volunteer time at events |
| <input type="checkbox"/> Make a donation | <input type="checkbox"/> _____ |

Additional Skills /Services you would be willing to contribute to Friends of Walker's Creek

Your comments and feed-back are always welcome:
