



L. M. Montgomery® Society of Ontario

P.O. Box 84
Leaskdale, ON L0C 1C0
Canada

MEMBERSHIP APPLICATION FORM

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

I would like to receive newsletters (please check one): by regular mail ____; by email ____.

I would like to make a donation in kind in connection with our annual silent auction:

(please check one): yes ____; no _____. If you check "yes", we will contact you.

If you would like additional information or a presentation, please check here ____ and contact us.

Membership category (please check one):

	Annual	Lifetime
Individual:	\$ 20.00	\$150.00
Family:	\$ 30.00	\$210.00
Student*:	\$ 5.00	
Organization:	\$ 50.00	

I enclose a (please check one): cheque ____; money order ____ for:

Membership: _____

Tax Deductible contribution: _____

TOTAL: _____