

Member Number: _____

The Ontario Finnish Resthome Association MEMBERSHIP APPLICATION

Please return the completed form to and payment to the Fundraising Office at
Kotitalo - 725 North Street, Sault Ste. Marie, ON P6B 5Z3

Applicant's Name: _____

Date of Birth: _____

Present Residence and Mailing Address: _____

Phone Number: _____

Email Address: _____

Your email address is used to contact you about upcoming events, information updates and our quarterly newsletter. Your information will never be released to any outside organizations. You may unsubscribe at anytime.

Ethnicity: ☐ Finnish ☐ Estonian ☐ Canadian ☐ Other _____

Membership Option Selected

☐ Annual Fee: \$20.00 or more per year until fully paid

☐ Life Membership Fee: \$200.00 full payment

Signature: _____ **Date:** _____