Membership Form

Year: _____

Please complete the form below to enroll as a member of the Burk's Falls and District Historical Society.

A Membership is good for one (1) calendar year and is renewed every March 1st. Fees are subject to change.

Please check (√) your desired category for membership:

	Individual Annual	$ 10
	Family Annual	$ 20

Please include your email address. If an email address is not provided, correspondence will occur by regular mail.

Name(s): _____

Address: _____ City: _____

Postal Code: _____ Telephone: _____

Email: _____

Payment Methods: Cash, Cheques (payable to Burk's Falls and District Historical Society), and Interac E-Transfer (payable to info@burksfallsdistricthistoricalsociety.com). Please drop off or mail your form and payment to:

Burk's Falls and District Historical Society
827 Chetwynd Road, Burk's Falls, Ontario
P0A1C0

---------- Office Use Only: ----------

Date: _____ Cash: _____ Cheque #: _____

E-Transfer: _____ Signature: _____

Burk's Falls and District Historical Society | P.O. Box 463 | Burk's Falls, ON | P0A 1C0
(705) 571-3308 | info@burksfallsdistricthistoricalsociety.com