

Port Cunnington Ratepayers Association

2016 Membership Registration Form

Name A*: _____

*up to two names may be included/FULL membership

Name B*: _____

Port Cunnington Address (*required information*):

For non-permanent residents:

Address: Fire # & Street _____ Mailing Address: _____ Dwight Ontario POA 1H0

Mailing Address: Street _____ City: _____ Province/State: _____ Postal/Zip Code: _____
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Dwight Phone: _____	Home Phone: _____
Mobile Phone A: _____	Mobile Phone B: _____
Email A: _____	Email B: _____

Phone & Email (*required information*):

Membership:

- FULL Membership: limited to no more than two persons per deed \$50.00/year CAD
 - Voting privilege (2 votes/Full membership)

- ASSOCIATE Membership: provides access to updates and website \$25.00/person/year CAD
 - No voting privileges

Additional Donations to support professional services and projects: \$ _____

Total Enclosed: \$ _____

PLEASE MAIL THIS FORM WITH YOUR PAYMENT (cheques made out to **Port Cunnington Ratepayers Association**) TO:

**Anne Collins
1011 Arts Road
Dwight ON POA 1H0**

Please note: All correspondence will be via email. Canada's new anti-spam legislation requires us to ask your permission to receive periodic and informative emails from PCRA.

YES _____ NO _____