

THE FRIENDS OF ALGONQUIN PARK

Membership Form

Contact Information

Prefix:		
First Name:		Last Name:
Address:		Suite/Apt. No.:
City:		
Province/State:		Country:
Postal/Zip Code:		
Telephone Number:	-	

Membership Type

Donation

I am also enclosing a \$

donation to The Friends of Algonquin Park in addition to my membership.

Payment Information

Membership and donation total: \$ Enclosed is a cheque or money order payable to "The Friends of Algonquin Park"

Please charge the above amount to my credit card.

Feedback/Comments:

Thank you for your support.