



MUSKOKA HERITAGE FOUNDATION

Membership Application Form

Please print and complete this membership application form. Please fax to 705-645-7888 or mail to the Muskoka Heritage Foundation, 9 Taylor Road, Box 482, Bracebridge, Ontario, P1L 1T8.

Prefix: Mr. Mrs. Ms. Miss Dr.

First Name: _____ Last Name: _____

Permanent Address

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Seasonal Address

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Membership Type: Member \$50-149 Sustaining Member \$150-499 Patron \$500-1000
 Corporate Sponsor \$250-499 Corporate Patron \$500-1000

Membership Amount \$ _____

Payment Information: VISA Mastercard

Card Number: _____ Expiry (mm/yyyy): ____/____

Name on Card: _____

Please mail my tax receipt to: Permanent Address Seasonal Address

Note: Annual memberships are renewable January 1st each year. Members joining January to September are required to pay full membership. Members joining October to December will be credited for the next calendar year.