



P.O. Box 1617, Almonte ON, K0A 1A0
 Website: mvfn.ca

MEMBERSHIP FORM

The **MVFN Membership Year** extends from April 1 to March 31 of the following calendar year. New memberships received after January 1 will be applied to that Membership Year.

Renewal New Membership

Name/s: _____ Date: _____

Mailing Address: _____

*E-mail address(s): _____ Telephone: _____

*Details for MVFN program items and notices go out by e-mail. Your contact information will not be shared.

Membership Category (check one): **Family** (includes couples or families) \$35

Individual \$25 **Senior** (65+) \$20 **Student** \$10

I also wish to make a special donation of \$ _____ for the following:
(Donations of \$20 or more will be issued a receipt for Income Tax purposes, Registered charity #88173 6417 RR0001)

MVFN (general revenue/all programs) **Youth Programs** (Environ.Education/Young Naturalists)

Nature Bursary **Habitat Restoration/Conservation** **Other** _____

Total Amount Enclosed: Cash _____ **Cheque** _____

Please make cheques payable to: **MVFN (Mississippi Valley Field Naturalists)** and send with this completed form to **MVFN** (address above) or bring to the next MVFN Nature Talk.

PLEASE indicate your interests (check or add): _____

<input type="checkbox"/> Nature Talks	<input type="checkbox"/> Outings/Field Trips	<input type="checkbox"/> Paddling (canoeing, kayaking)
<input type="checkbox"/> Birding	<input type="checkbox"/> Environmental Issues	<input type="checkbox"/> Youth Programs (EEP, YN)
<input type="checkbox"/> Citizen Science (surveys, bio-blitz)	<input type="checkbox"/> Board of Directors	<input type="checkbox"/> Committees
I would be interested in: <input type="checkbox"/> Making a presentation <input type="checkbox"/> Leading an outing		
Other: _____		

Please indicate whether MVFN may contact you regarding your choices YES NO

Questions? Please contact Elizabeth Veninga at membership@mvfn.ca or at 613-256-0509