

Canadian Chestnut Council

www.canadianchestnutcouncil.ca

Membership Application

Full Name: _____
 Prefix Last First Middle

Address: _____

Home Phone: () Alternative Phone: ()

E-mail Address: _____

I am interested in receiving correspondence by e-mail: Yes _____ No Thank You _____

Occupation (optional) and other interest groups _____

I am interest in volunteering to help with: Field Work _____ Fundraising _____
Committee Work _____ Outreach _____ Other _____

Thank you for your interest. A member of the CCC will contact you about volunteering.

Payment Information

Membership Fees (1 year @ \$25.00) \$ _____
Donation \$ _____
Total Payment \$ _____

A receipt will be issued for tax purposes.

Donations

Gold Leaf \$1000 or more
Silver Leaf \$500-\$999
Bronze Leaf \$250-\$499
White Leaf less than \$100
Thank you for your support

Please make cheques payable to "Canadian Chestnut Council"

Send completed form with your cheque to:

Secretary, Canadian Chestnut Council
c/o Dr. Terry Anderson, 888 Road 3 East, Kingsville, Ontario, N9Y 2E5

or bring it to the next meeting or special event.