



Membership Application

Annual dues \$10.00 per person

Names: _____

Address: _____

Telephone: _____

E-mail: _____

Date: _____

Check any opportunities for involvement that interest you:

- | | | |
|--|--|--|
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Exhibits | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Carpentry/restoration | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Research |
| <input type="checkbox"/> Cemetery restoration | <input type="checkbox"/> Gardening | <input type="checkbox"/> Speaker Series |
| <input type="checkbox"/> Community Outreach | <input type="checkbox"/> Genealogy | <input type="checkbox"/> Teas and Special Events |
| <input type="checkbox"/> Demonstrations | <input type="checkbox"/> Local History | <input type="checkbox"/> Tour Guide |

Please tell us other ways you would like to get involved: _____

Suggestions (speakers, activities, events): _____

Mail completed application to and a cheque made out to Kawartha Heritage to:
Kawartha Heritage, P.O. Box 179, Fenelon Falls, Ontario, K0M 1N0