

FRIENDS OF WABAKIMI

APPLICATION FOR MEMBERSHIP



Existing Membership Renewal New Membership or Expired Membership Renewal

I, the undersigned, being eighteen (18) years of age or older, do hereby apply for membership in the *Friends of Wabakimi*, a not-for-profit corporation registered in the Province of Ontario, Canada.

I agree to support and promote the objects of the *Friends of Wabakimi* and enclose payment of \$20 U.S. or \$25 CND for each year of the term of my membership, effective from the date of issue.

1 year 2 years 3 years 4 years 5 years

In accordance with Section 96 of the Ontario *Corporations Act, 1990*, I hereby give my consent for the Board of Directors of Friends of Wabakimi to waive an annual audit for each of the fiscal years spanning the term of my membership and instead, to employ a bookkeeper to manage the corporation's books of accounts.

In accordance with Section 6 of the Canada *Anti-Spam Act, 2014*, I hereby give my express consent to receive electronic communications from Friends of Wabakimi from time to time. I understand I may discontinue this service at any time by requesting to 'unsubscribe'.

Please print neatly in ink.

Full Name _____

(Please avoid use of initials or nicknames!)

Address _____ Apartment _____

City/Town _____ Province/State _____

Country _____ Postal/Zip Code _____

Telephone (_____) _____ E-mail _____

Signature _____ Date _____

Information provided on this form will be held in the strictest confidence and will only be used to communicate Friends of Wabakimi information directly to you. Under no circumstances will data you have provided be disseminated to any third party for any reason except as provided by law.

Remit your payment by cheque or money order made payable to: *Friends of Wabakimi*. Rngcug"lpf kcvg" r c{o gpv"lp"WUO'qt"EP F O'"Rngcug"eqpuf gt"lqkpi "qpkpg"cv"Y cdcnk kqti =r tlegulr c{o gpv'y kn'dg" lp"EP F "cpf "y kn'dg"eqpxgtvgf "vq"WUO'hqt"WUO'tgulf gpw0"

Mail your completed form with payment to:

Friends of Wabakimi
1060 Riverdale Road
Thunder Bay, Ontario
P7J 1N2 Canada

For office use only:

Amount Received: \$ _____ Date of Issue ____/____/____ Date of Expiry ____/____/____
(dd) / (mo) / (yr) (dd) / (mo) / (yr)