



FRIENDS OF ROSELAWN CENTRE MEMBERSHIP FORM

Membership is October 1 to September 30

NAME _____

ADDRESS _____

PHONE _____

POSTAL CODE _____

E-MAIL _____

Please indicate the number of memberships desired:

\$15 Adult ____ \$25 Couples ____ \$3 Youth ____ \$30 Family(3+) ____

Would you like to volunteer? _____

What area would you like to help? _____
(set up for events-events-gardens-promotions-other)

Paid by Cash Cheque Other Total Amount \$ _____

Newsletter Email Mail

Permission to list name in printed membership list Yes No

SIGNATURE _____ DATE: _____

This membership can be dropped off at the Roselawn Centre or mailed to
The Roselawn Centre, 296 Fielden Ave, Port Colborne, Ontario L3K 4T6
Attention: Friends of Roselawn Centre

Please make your cheques payable to The Friends of Roselawn Centre