



FRIENDS OF ROSELAWN CENTRE MEMBERSHIP FORM

Membership is October 1 to September 30

NAME _____

ADDRESS _____

POSTAL CODE _____

PHONE _____

E-MAIL _____

Please indicate the number of memberships desired:

Adult \$15 ___ Student \$10 ___ Couples \$25 ___ Family(3+)\$30 ___

Life Membership \$100 ___

Would you like to volunteer? _____

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

Paid by Cash Cheque Paypal Total Amount \$ _____

Newsletter Email Mail

Permission to list name in printed membership list Yes No

SIGNATURE _____

DATE: _____

This membership can be mailed to Friends of Roselawn Centre, P.O. Box 281,
Port Colborne L3K 5W1.

Please make your cheques payable to The Friends of Roselawn Centre

Or E-transfer to friendsofroselawn@gmail.com

Or Paypal at our website : <http://friendsofroselawncentre.org/become-a-member>