

FRIENDS OF CABOT HEAD
MEMBERSHIP FORM

Membership Information (please print)

Date _____

Last

Name _____

First Name _____

Mailing Address _____

City _____ Prov/State _____

Postal Code/Zip

Code _____ Phone _____

Email _____

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Membership is \$35.00 per person.

All memberships and donations are eligible for tax receipts.

I wish to make a donation to The Friends Of Cabot Head in the amount of \$ _____.

Total amount is \$ _____.

___ I am interested in volunteering at the lighthouse.

___ I am interested in being considered for the Board Of Directors.

___ I am interested in the Assistant Lightkeepers Program.

Please complete form and mail cheque to:

Friends Of Cabot Head

566 Hawthorne Cr

Milton ON

L9T 4N8