



2019 Membership Application

**St. Thomas Field Naturalists Club Inc
PO Box 22092, RPO Elmwood Square
St. Thomas ON N5R 6A1**

Name: _____ Membership: _____
Address: _____ Adult \$25 \$ _____
City: _____ Postal Code: _____ Family \$30 \$ _____
Phone: _____ Donation \$ _____
Email: _____ Total \$ _____

Receive newsletter by email New Member Renewal Membership

Signature: _____ Date: _____

If family membership, please list additional family members below (for insurance purposes)

Please bring this application to a club meeting or mail to the above address.
Make cheque payable to: St. Thomas Field Naturalists Club Inc.
Receipts will be issued for donations of \$20.00 or more.

11/2018