

MEMBERSHIP APPLICATION

- \$25 Annually per family
 Non-Profit \$75
 Standard Corporate \$125
 Donation \$ _____

VOLUNTEER

- I am interested in volunteering with the COA
 I am interested in serving on the Board of COA

Date: _____

Name: _____

Address: _____

Postal Code: _____

City: _____

Phone (optional): _____

Email: _____

PAYMENT BY:

- Cheque MasterCard Visa

Name (as shown on the card): _____

Expiry Date: ____/____/____

Card # _____

Detach and Mail to:

Kingston-Frontenac COUNCIL ON AGING
57E Baiden St., Kingston, ON K7M 2J9
Tax #BN84734 RR0001