

Yes! I'd like to join FOCA



Date:
Name:
Address:
City:
Postal Code
Phone:
e-mail:
Your lake?:

Date:

Individual Membership Rate

INDIVIDUAL MEMBERSHIP FEE **\$ 37.50**
(INCLUDES taxes) **GST #R105211494**

I'd like to contribute to directly support the following program area(s):

Environment	\$ _____
Taxation	\$ _____
Land Use Planning/Roads	\$ _____
Recreational Boating and Water Safety	\$ _____
TOTAL AMOUNT DUE	\$ _____

*Receipts issued upon request.

Payment method (please mail or call the office with your credit card number or mail a cheque to the FOCA office):

Visa Mastercard American Express Cheque

Name on Credit Card:

Credit Card Number:

Expiry Date:

THANK YOU FOR YOUR SUPPORT

FOCA's policies and procedures have been designed to comply with the Personal Information Protection and Electronic Documents Act (PIPEDA). By submitting this application, you indicate your understanding that your personal information contained on this form will be used only for FOCA related contact purposes unless separate consent is obtained prior to any additional use.