



MEMBERSHIP APPLICATION FORM

Please enroll me as a member of the Port Hope Branch of the Architectural Conservancy of Ontario. I have indicated below my/our applicable membership category.

Name(s) _____

Address _____

Telephone# _____ email _____

Individual Member - \$35.00 _____ Household Membership - \$40.00 _____

Organization Name - \$45.00 _____ Corporation - \$60.00 _____

Student - \$12.00 _____ Tax Creditable Donation _____

Total Enclosed _____

I/WE HAVE AN INTEREST IN:

Events Volunteer []

Advocacy Committee []

Events Committee []

Communications Committee []

Education and Outreach Committee []

Receiving ACO MATTERS by email []

**PLEASE FILL OUT THIS FORM AND MAIL IT WITH YOUR CHEQUE TO
ACO-PORT HOPE BRANCH, BOX 563, PORT HOPE ONT. L1A 3Z4**