**FRIENDS OF WABAKIMI**

**APPLICATION FOR MEMBERSHIP**

Existing Membership Renewal New Membership or Expired Membership Renewal

I, the undersigned, being eighteen (18) years of age or older, do hereby apply for membership in the

*Friends of Wabakimi*, a not-for-profit corporation registered in the Province of Ontario, Canada.

I agree to support and promote the objects of the *Friends of Wabakimi* and enclose payment of $20 U.S. or $25 CND for each year of the term of my membership, effective from the date of issue. For FAMILY memberships, $30 U.S. or $40 CND for each year.

1 year

2 years

1. years
2. years
3. years

In accordance with Section 96 of the Ontario *Corporations Act*, *1990*, I hereby give my consent for the Board of Directors of Friends of Wabakimi to waive an annual audit for each of the fiscal years spanning the term of my membership and instead, to employ a bookkeeper to manage the corporation’s books of accounts.

In accordance with Section 6 of the Canada *Anti-Spam Act, 2014,* I hereby give my express consent to receive electronic communications from Friends of Wabakimi from time to time. I understand I may discontinue this service at any time by requesting to ‘unsubscribe’.

Full Name

(Please print neatly in ink and avoid use of initials or nicknames!) (Please provide names, email, and

addresses for Family Membership members on the back side of this form.)

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apartment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province/State \_\_\_\_\_\_\_\_\_\_\_\_Postal/Zip Code

Telephone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail

Signature Date

*Information provided on this form will be held in the strictest confidence and will only be used to communicate Friends of Wabakimi information directly to you. Under no circumstances will data you have provided be disseminated to any third party for any reason except as provided by law.*

Remit your payment by cheque or money order made payable to: *Friends of Wabakimi*. Please indicate payment in U.S. or CND. Please consider joining online at ***Wabakimi.org****;* prices/payment will be in CND and will be converted to U.S. for U.S. residents. Mail your completed form with payment to:

 Friends of Wabakimi

#  1060 Riverdale Road

#  Thunder Bay, Ontario

 P7J 1N2 Canada

 Friends of Wabakimi c/o Mary J. Blaisdell

 811 Spruce Dr. SW

 Independence, Iowa

 50644 U.S.A.

For office use only:

Amount Received: $ Date of Issue / / Date of Expiry / /

(dd) / (mo) / (yr) (dd) / (mo) / (yr)