



c/o Randal Jorgensen, 1103 Halls Rd,
RR 3, Gravenhurst ON P1P 1R3

Membership Form

Only 1 form for household is required; please fill in additional members at the bottom.

Last Name: _____

First Name: _____

Mailing Address Line 1: _____

Mailing Address Line 2: _____

Mailing Town: _____

Mailing Postal Code: _____

Civic (911) Address 1: _____

Civic (911) Town _____

Home Phone: _____

Work Phone: _____

Fax: _____

Mobile/Other Phone: _____

Email Address: _____

Other Members at this address:

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

Your extra donation will help us work towards improving our community centre and the various programs we offer.

Please make cheques payable to: Ryde Community Co-op Inc.

Number of members: _____ x Membership Fee \$10 each = \$ _____

Extra Donation: \$ _____

Total Enclosed: \$ _____