

MEMBERSHIP APPLICATION FORM



Date: _____

Single Member (\$30.) Student Member (\$15.)

Family Membership (\$45.) Life Member (\$500.)

New **Renewal** Calendar year: 2021 _____

Sponsor Membership (\$100.) Sponsorship Date: _____

Sponsor Name: _____

Contact Name: _____ Phone: _____

Website Address: _____

Email Address: _____

Member Name: _____

Address: _____

_____ Postal Code: _____

Email: _____ Phone: _____

Family Members: _____

Date joined PAA : Month : _____ Day : _____ Year : _____

Print form and mail to address below with cheque payable to: "PAA"

Mail To: PAA Membership
 c/o Harold Briggs
 Treasurer
 1209 Weller Street
 Peterborough, ON K9J 7M9