



# Peterborough and Area Fundraisers' Network

## 2011/2012 Membership Form

<b>Name:</b>		
Organization:		
<input type="checkbox"/> <b>Check here if your contact information is the same as last year.</b>		
Title:		
Address:		
City:		Postal Code:
Telephone:	Ext.	Fax:
E-mail:		
Website:		
<b>Membership Fees:</b> <i>Membership is for one year (September to August). Please enclose payment with application form. Cheques should be made payable to Peterborough and Area Fundraisers' Network.</i>		
<input type="checkbox"/> <b>\$30.00 Individual</b> OR		
<input type="checkbox"/> <b>\$ 45.00 Organization:</b> An organization is defined as a group of more than one individual. The # of people that will attend: _____		

### **Topics of Interest for Professional Development:**

- a)
- b)
- c)

I have read the **Code of Ethics and Professional Practices** and accept its standards.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

Mail to: Peterborough Area Fundraisers Network  
c/o Alison Casey  
Hospice Peterborough  
439 Rubidge Street  
Peterborough, ON K9H 4E4

#### *For Office Use Only*

Date: \_\_\_\_\_

Receipt Number \_\_\_\_\_

Cash

Cheque



Treasurer

<http://www.peterboroughareafundraisersnetwork.com>