



MEMBERSHIP FORM

Primary Contact Name:	Title:
Organization:	CEO/ED Name:
Address:	Address Line 2:
City:	Postal Code:
Telephone:	Email:
Secondary Contact Name:	Secondary Contact Email:

Membership Fees:

Membership is for one year—September to August. Please enclose payment with application form and make cheque payable to Peterborough Area Fundraisers’ Network.

- \$35.00 Individual**
- \$50.00 Organization** (including unlimited staff, executive, board and volunteers to any presentation)

Our Mailing Address Is:

Attn: Hannah Routly
 Trent University, Mackenzie House
 1600 West Bank Drive
 Peterborough, ON K9L 0G2

For Office Use Only:

Date: _____

Cash

Cheque

Receipt Number: _____