

IMPORTANT NOTICE

A TAX RECEIPT FOR MEMBERSHIPS WILL BE ISSUED **ONLY IF REQUESTED**

I would like a tax receipt for my Membership fees yes no

Name and initial to be used on the Receipt _____ Phone _____



PO BOX 45, VITTORIA, ON N0E 1W0
www.vittoria.on.ca

2009 MEMBERSHIP APPLICATION

Please return this application form and payment of **\$20.00 per person** for each 2009 Membership in The Vittoria & District Foundation.

To contact the Treasurer (Twila Cruickshank)
Phone or Fax 519-426-0234 – twilac@kwic.com
Secretary (Roger Cruickshank) – godfather@kwic.com

FOR OFFICE USE ONLY

Cheque

Cash

Credit Card

Deposit Date _____

1. _____
Name (please print, - Revenue Canada requires you to include initial)

Post Office Box, Street Address or Rural Route _____

City and Province (or State) _____

Postal Code (or Zip) _____

2. _____
Name of second paid member at same address (please print)

3. _____
Name of third paid member at same address (please print)

(_____) _____
Phone

E-mail address, if any

COMPLETION OF THE FOLLOWING INFORMATION IS OPTIONAL. THE VITTORIA & DISTRICT FOUNDATION SENDS CONGRATULATORY CARDS AND/OR CERTIFICATES FOR SPECIAL MILESTONE BIRTHDAYS AND ANNIVERSARIES. PLEASE WRITE DATES AS: JULY 17 1954, NOT AS 07/17/54.

1. _____ 2. _____
Date of Birth (month, day, year) Date of Birth (month, day, year) Date of Wedding Anniversary (month, day, year)

PLEASE COMPLETE THIS APPLICATION FORM AND SEND IT TO P.O. BOX 45, VITTORIA, ON NOE 1W0, WITH \$20 PER PERSON, PAYABLE TO "THE VITTORIA & DISTRICT FOUNDATION". THE TREASURER NEEDS TO KEEP THIS APPLICATION FORM ON FILE. PLEASE COMPLETE AND RETURN IT.

FOR OFFICE USE ONLY

Receipt # _____

Invoice # _____

Receipt Date _____

IF YOU PREFER TO PAY YOUR MEMBERSHIP BY CREDIT CARD, PLEASE COMPLETE THIS SECTION OF THE APPLICATION FORM.

Visa Mastercard Cardholder's Name _____

Credit Card Number

Expiry Date Cardholder's Signature _____

The Vittoria & District Foundation respects your privacy. Your credit card number will only be used for this transaction.

FOR GIFT MEMBERSHIPS ONLY

This Membership is a gift paid for by _____

PLEASE RETURN THIS ENTIRE SHEET WITH YOUR PAYMENT OF \$20.00 PER PERSON FOR YOUR 2009 MEMBERSHIP FEES.

AND PLEASE REMEMBER THAT RECEIPTS WILL BE SENT ONLY TO THOSE WHO SPECIFICALLY REQUEST THEM.

DO YOU WANT A RECEIPT? YES NO