

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 _____
Name (please print, - Last Name, First Name, Initial)



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

2018 MEMBERSHIP APPLICATION

Please return this application form and payment of **\$20.00 per person** for each 2018 Membership in The Vittoria & District Foundation.

To contact the Chairman of the Membership Committee
Tracy Haskett - 519-420-8669
E-mail - tvdf@kwic.com

FOR OFFICE USE ONLY

Cheque
Credit Card

Deposit Date _____

Our Auditors prefer
Cheque or Credit Card
rather than cash

1. _____
Print Last Name, First Name, Initial - Revenue Canada requires you to include initial) _____
Civic Number (911), Street Name, Apartment Number, Post Office Box 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 _____

Would you like to receive the Vittoria Booster by e-mail? Yes No E-mail address _____

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 A CHEQUE FOR \$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 _____
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 CHEQUE FOR
\$20.00 PER PERSON FOR YOUR 2018 MEMBERSHIP FEES.**

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

DO YOU WANT A RECEIPT? YES NO