

# 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 N0E 1W0  
www.vittoria.on.ca

### 2020 MEMBERSHIP APPLICATION

Please return this application form and payment of **\$20.00 per person** for each 2020 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

Please provide your full mailing address for proper delivery of the Vittoria Booster publication.

1. \_\_\_\_\_ 2. \_\_\_\_\_  
Print Last Name, First Name, Initial - Revenue Canada requires you to include initial) Name of second paid member at same address (please print)

\_\_\_\_\_ 3. \_\_\_\_\_  
Civic Number (911), Street Name, Apartment Number, Post Office Box or Rural Route Name of third paid member at same address (please print)

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
City and Province (or State) Postal Code (or Zip) 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 N0E 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

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

DO YOU WANT A RECEIPT?    YES     NO