



Lakehead Fundraising Association
c/o Treasurer
PO Box 29145
Thunder Bay, ON P7B 6P9
treasurer@lakeheadfundraising.ca

Membership Application Form 2020

Organization Name: _____

Street Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone: _____ Fax: _____ Website: _____

Individual Membership, \$50.00

Member Name: _____ New Member Past Member

Title: _____ Phone: _____ Ext. _____

Cell: _____ Email: _____

Group Membership, \$100.00 (*Maximum of 3 voting members*)

Member Name: _____ New Member Past Member

Title: _____ Phone: _____ Ext. _____

Cell: _____ Email: _____

Member Name: _____ New Member Past Member

Title: _____ Phone: _____ Ext. _____

Cell: _____ Email: _____

Member Name: _____ New Member Past Member

Title: _____ Phone: _____ Ext. _____

Cell: _____ Email: _____

Total Membership Fee(s) due: \$ _____ Cheque enclosed Please invoice

Purchase Order # Required for Invoice: Yes No Purchase Order #: _____

Please make cheque payable to Lakehead Fundraising Association. Completed forms can be mailed with payment to the address above. If you have questions about membership fees or invoices, please contact treasurer@lakeheadfundraising.ca. Thank you.