

MERA APPLICATION FORM

New Member

Renewal

Date: _____
Day / Month / Year

Last Name: _____

First Name: _____

Address: Street/ P.O Box _____

Town, Postal Code _____

Telephone: _____

Email: _____

Please circle the appropriate membership category (Fees cover one calendar year.)

Category

Individual \$ 30.00

Family* \$ 50.00

*Family members residing at same address

Make cheques payable to M.E.R.A. and mail to:

**PO Box 76,
McDonald's Corners, ON
K0G 1M0**

TAX DEDUCTIBLE DONATIONS

As a non-profit organization and registered Canadian charity, we welcome gifts that will help us fulfill our mandate. Tax receipts are issued for any gift of \$20.00 or more.

Yes! I would like to make a donation. \$_____