

APPLICATION FOR MEMBERSHIP

Name: _____
Address: _____
City/Town: _____ Prov/State: _____
Postal/ZIP Code: _____ Email Address: _____

Membership Category (please check one)

Friend \$30.00/year Senior (65+) \$25.00
Family \$35.00/year

Visa Mastercard # _____ Exp _____
Signature _____

With your membership you are entitled to a 10% discount at the gift shops or entry stations and also through mail-order. Please mail this application to:

Friends of Quetico Park
P.O. Box 1959
Atikokan, ON
P0T 1C0

Cheques to be payable to **Friends of Quetico Park**