

membership application form

Memberships may be obtained by mailing completed form and cheque to Peterborough Field Naturalists
PO Box 1532, Peterborough, ON K9J 7H7

CONTACT				
Name (s):		Н	ome Tel:	
Name (S).			Work Tel:	
Address:	Receive Orchid by	o snail mail o e-mail /: o both please	Email(s):	
MEMBERSHIP TYPE & FEE SCHEDULE				
Please make cheques payable to Peterborough Field Naturalists				
1. Single Adult \$25				
4. Family (couple or family with children*) \$30				
Name	Age*	Name		Age*
MAIN INTERESTS				
o Birds o B	Butterflies/insects	o Botany (Wildflowers	s/trees/shrubs)	
o Astronomy o A	Aquatic Life	o Geology	o Field Trips	
o Hiking o C	Conservation	o Other (specify)	'	
I (name) am knowledgeable in the following				
areas and would be prepared to				
o lead an outdoor session o give a presentation o prepare an article for The Orchid				
I am interested in the following:				
o Joining the PFN Executive o Sitting on research or o Working on field projects conservation committees				
o Helping with refreshments at meetings o Please have a member of the executive call me				
AGE GROUP				
This information helps us to understand the needs of our members. If a family membership, please check for each adult				
o Under 20 o 20-29 o 3	o 40-49	o 50-59 o 60-	69 o 70-79 o 8	0< over
DONATIONS				

Membership fees cover the general operating costs of he club while other sources of revenue are needed to fund special projects such as ecological restoration. You can assist the club by making a donation to help further our work in such areas. The PFN is a registered charity and issues receipts for income tax purposes. All donations are gratefully received and any member of the executive will be happy to speak to you concerning the use of such funds.

LIABILITY WAIVER

In consideration of the Peterborough Field Naturalists (PFN) accepting this application, I hereby for myself, my heirs, executors, administrators and assigns forever release and discharge the PFN, their officers, directors, servants and agents from any liability whatsoever arising from my participation in PFN activities, whether by reason of negligence of the PFN or its representatives, or otherwise. I affirm that I am in good health, capable of performing the exercise required for field trips or other activities in which I participate, and accept as my personal risk the hazards of such participation. As a member of the PFN and/or as a parent/guardian of a member under 18 years of age, I have read and understood the above, and accept its term on behalf of all of my underage children.