



# 2018 MEMBERSHIP DUES

Children (12 and under): free

Youth (Ages 13-17): \$10 postdated cheque to be returned upon completion of 2 hours of volunteer work

Adult: \$50 per person, \$25 per person of which will be a postdated cheque to be returned after 4 hours of volunteer work (per couple)

Senior (65+): \$25 flat rate

\* \$5 will be charged if receiving newsletter by mail

## Cheques to be made payable to Western Ontario Steam Threshers Association

2018 Membership Dues are payable by April 30<sup>th</sup>, 2018

Postdated cheques should be dated August 20<sup>th</sup>, 2018

Membership Information - Please Print:

	Child <i>free</i>	Youth \$10	Adult \$50	Senior \$25
Member Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Address: \_\_\_\_\_  
(Street # & Name) (City & Postal Code)

\_\_\_\_\_ Phone # Email Address

Newsletter Preference: Email \_\_\_\_\_ Mail\* \_\_\_\_\_ No Newsletter \_\_\_\_\_

\* please include an additional \$5 with your membership if you'd like to receive newsletter by mail

*I acknowledge and agree that the submission of this membership information constitutes my consent to the collection, use and disclosure by the Western Ontario Steam Threshers Association of the information submitted in this Information Form. I understand that the collection, use and limited disclosure of any personal information will only be for the purposes of fulfilling the WOSTA mandate.*

\_\_\_\_\_  
Signature of Member (18 yrs & over)

\_\_\_\_\_  
Signature of Member (18 yrs & over)

Please complete this form and mail it, together with your cheque, to  
Western Ontario Steam Threshers Association  
Carole Danby-Searson, 239 Oslo Crescent, Sarnia, ON, N7S 4J3

