Member Name:				
		T		
Sturgeon Point Address		Other/Home Address		
Please check if this is your preferred mailing address		Please check if this is your preferred mailing address		
Cottage Phone		Home Phone		
Other/Cell Phone		E-mail		
			•	
Qty	Desc	cription		Amount
\$50 per indiv		vidual member		
	ill be issued for donation	ns.		
If this form is being filled out for multiple members		S,	Total	
please provide the t				
Name		Е	mail addr	ess
Signature:		Date:		

SPA offers a secure online membership registration as an alternative to this form. Payment may be made by credit card or PayPal. Please visit our website at www.sturgeonpoint.com/spa-membership

Please make cheques payable to 'The Sturgeon Point Association' and return form to

84 Irene Avenue, Sturgeon Point **RR3** Fenelon Falls. Ontario **K0M 1N0**

SPA encourages all adult members of the Sturgeon

www.sturgeonpoint.com

Point community to be a member of the association. Your financial support is appreciated. Thank You!

spa@sturgeonpoint.com

If an email address is provided, you will receive newsletters and notices via email. Email is the preferred method of communication as it is easier, faster and saves significant volunteer hours.