



2012 MEMBERSHIP FORM – LAKE OF BAYS ASSOCIATION

Your 2012 MEMBERSHIP commences November 1, 2011 and expires October 31, 2012

BOTH PERMANENT AND LAKE ADDRESSES, BOTH PHONE NUMBERS, AND EMAIL ADDRESS WILL BE PUBLISHED IN THE YEARBOOK. We will not share our membership database with any individual or organization. Please provide the contact information below. If you do not wish to have any (or a portion of) the information below listed in the yearbook, please send us an email at info@loba.ca

Permanent or Mailing Address:

Name(s): _____
(As you wish it to appear in the Yearbook)

Box or Apt. Number: _____ Street: _____

City: _____ Province/State: _____

Postal Code: _____ Country _____

Phone: () _____ Email: _____

Lake of Bays Address (Fire Number & accurate name of Street/Road/Lane/Island):

Fire Number: _____ Road Name: _____ Phone: () _____

Please send my adult family members your email news bulletins. (NOT to be included in Yearbook)

Email: _____

Email: _____

I'd like to learn more about participating as a volunteer in association activities. Please contact me.

2012 Membership Fee (includes HST) \$ **55.00**

Lake of Bays Association "Action Fund" The "Action Fund" is a reserve to support association initiatives. These funds ensure financing is readily available for important projects. Contributions are gratefully acknowledged in the Yearbook; Supporter of the Lake \$25-\$49; Steward of the Lake \$50-\$74; Advocate of the Lake \$75 & over.

\$ _____

Lake of Bays Annual Regatta Contribution to support the 108th Regatta

\$ _____

Lake of Bays Heritage Foundation TAX RECEIPTS FOR HERITAGE FOUNDATION DONATIONS will be issued for amounts of \$25 or more; donations over \$250 are recognized as Heritage Supporters of the Lake. Life Memberships are \$1,000. **To receive a 2011 tax receipt, your cheque must be dated and mailed by Dec. 31, 2011**

\$ _____

PLEASE MAIL YOUR PAYMENT WITH A COPY OF THIS FORM TO:

P.O. Box 8, Baysville, ON, P0B 1A0

CHEQUES (in Canadian funds) **PAYABLE TO:** LAKE OF BAYS ASSOCIATION

TOTAL \$ _____

PAYMENT BY CREDIT CARD: **VISA** **MASTERCARD**

Card Number: _____

Expiry Date: _____

Name on Card: _____

Signature: _____

FOR INFORMATION: t (705) 767-3395 f (705) 767-1044 **email** info@loba.ca **website** www.loba.ca