

Durand Membership Application/Renewal Form

Name _____

Address: _____

City: _____ Postal Code: _____

Email: _____

Phone: _____

in the Household: _____

Please Check as Appropriate:

- | | |
|--|----------|
| <input type="checkbox"/> One Year Membership, or | \$10 |
| <input type="checkbox"/> Two Year Membership, or | \$15 |
| <input type="checkbox"/> Three Year Membership | \$20 |
| <input type="checkbox"/> Donation (not a registered charity) | \$ _____ |

Total Amount Enclosed.....\$ _____

Please let us know your interests or concerns:

- Events / Activities
 - Pedestrian Safety / Cycling
 - Development
 - Heritage
 - Transit / Traffic
 - Schools
 - Newsletter
 - Website / Design
 - Crime
 - Property Standards
 - Other _____
- I would like to be actively involved in the Association***

Please make cheque payable to:

Durand Neighbourhood Association Inc.

c/o Durand Coffee

142 Charlton Avenue West, Hamilton ON L8P 2C7

Telephone: (905) 570-0609 Email: info@durandna.com

Website: www.durandna.com

Thank you for your Support!