



Minden Hills Cultural Centre

P.O. Box 648
Minden, ON K0M 2K0
705-286-2808

Membership Form

INDIVIDUAL (\$25) (Tax receipt not available)

First Name: _____ Last Name _____

Mailing Address: _____

City _____ Postal Code _____ Telephone _____

Please send me communication via my email: _____

FAMILY (\$35) (Tax receipt not available)

First Name: _____ Last Name _____

Mailing Address: _____

City _____ Postal Code _____ Telephone _____

Please send us communication via our email: _____

BUSINESS/CORPORATE (\$100) (Tax receipt not available)

First Name: _____ Last Name _____

Mailing Address: _____

City _____ Postal Code _____ Telephone _____

Please send us communication via our email: _____

Payment Method:

Cheque (Payable to **Minden Hills Cultural Centre**)

 

Name on card _____

Card # _____ exp _____

Signature _____

Office: Rec'd _____ Chq # _____ Date: _____ Processed _____ Auth #: _____ Master List: _____ Card Sent: _____
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Under Province of Ontario Privacy legislation the above noted information will be used solely by the MHCC for communication purposes only and will not be released to any other individuals, organizations or commercial