

# MEMBERSHIP



Membership for 2024

Individual (\$20)  Family (\$35)  Student/Senior (\$15)

Name (s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing Address \_\_\_\_\_

Community/City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Number home \_\_\_\_\_ cell \_\_\_\_\_

Email Address \_\_\_\_\_

Would you like to receive our newsletter?      yes       no

Would you be interested in volunteering?      yes       no

**By signing this form, you agree to help the Board and membership meet the Co-operative's mission.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

You may pay via e-transfer to [oldschoolmh@outlook.com](mailto:oldschoolmh@outlook.com).  
Please add a note letting us know that this is for membership. Thank you.

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