

FRIENDS OF CABOT HEAD - MEMBERSHIP FORM

Membership Information (please print)

Date _____

Last Name _____

First Name _____

Address _____

City _____ Prov/State _____

Postal Code/Zip Code _____

Phone _____

Email _____

Membership is \$35.00 per person.

All memberships and donations are eligible for tax receipts.

I wish to make a donation to The Friends of Cabot Head in the amount of \$_____.

Total amount is \$_____.

Please check all that apply:

I am interested in volunteering at the lighthouse.

I am interested in being considered for the Board of Directors

I am interested in the Assistant Lightkeepers Program

Please complete form and mail cheque to:

Friends Of Cabot Head
566 Hawthorne Cr
Milton ON, L9T 4N8