Port Blandford Historical Society Membership Application

Name: _			
F	ïrst	Last	Maiden (If applicable
Address:	Street Address or P.O. Box Number		
	Town	Province	Postal Code
Phone:		E-mail: _	
Facebook:		Twitter: _	
		lent of Port Blandford? (Y/N) re do you or did you live in Port	Blandford?
	(Street	Address or Geographically Refe	rence)
If not a resid	dent, what is your co	nnection to Port Blandford?	
		n Port Blandford have you descer andparents family name, etc)	ded from? (ex. mother's family

Have you been a member of any organizations in Port Blandford, and if so, please list:				
	that you would be willing to share, "with you permission", that can sons such as displaying, marketing and educational purposes?(Y/N)			
Membership Privileg	es and Responsibilities			
constitution and by-laws of the General Meeting and special r moves forward on achieving is	Port Blandford Historical Society, you are expected to uphold the e organization. You have the privilege of voting at the Annual membership meetings to assist in determining how the society ts goals and objectives. As a member, you have the ability of being the Board of Directors and have the privilege of voting.			
of the following year. To have	ociety costs \$2.00 per year, and is valid from May 1 st to April 30 th the privilege to vote and to be eligible for a position on the Board must be paid before the Annual General Meeting.			
Signature of Applicant:				
Date:				
Approved By:				
Date:				
M 1 1 E B 12 7725				
Membership Fee Paid? (Y/N)				
Date Paid:				

Please return the filled out application to Calvin Efford