



MITCHELL RIVER WATERSHED MANAGEMENT GROUP INC.  
MEMBERSHIP  
APPLICATION FORM

I/We.....Date:.....

wish to apply for membership to the Mitchell River Watershed Management Group Inc.

Postal Address: .....P/Code:.....

Address:.....P/Code:.....

Phone.....Email.....

Signature.....

I agree for my contact details to be kept on database: YES  NO

---

**Office Use Only**

Signature: (Member 1).....

Signature (Member 2).....

New Member : YES  NO

Date Approved.....

Amount Paid\*: \$.....Receipt No:.....Type: Corporate / Individual

Processed  Expiry Date of Membership :.....

\* Membership Subscription: \$2 for one year / \$5 for three years

---