

# *The Architectural Conservancy of Ontario*

## *Port Hope Branch*

### MEMBERSHIP APPLICATION FORM

Please enroll me as a member of the Port Hope Branch of the Architectural Conservancy of Ontario.

- Individual yearly dues: \$30                       Household yearly dues \$35  
 Organization/Corporation \$40                       Full-time Student \$20

Mr/Ms/Miss/Mrs/Dr First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Organization Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

In addition to my membership fee, I am including a voluntary,  
tax creditable donation in the amount of:

\$ \_\_\_\_\_ Thank you!

Total enclosed: \$ \_\_\_\_\_

Please send this application along with a cheque or money order for the applicable yearly dues to:

**ACO Port Hope, P.O. Box 563, Port Hope, Ontario L1A 3Z4**

We look forward to having you join us as a member.