



The Architectural Conservancy of Ontario Port Hope Branch

M E M B E R S H I P A P P L I C A T I O N F O R M

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

Annual fees:

- Individual: \$35 Household: \$40
 Organization \$45 Corporation \$60 Student \$12

Mr/Ms/Miss/Mrs/Dr

First Name: _____ Last Name: _____

Organization Name (if applicable): _____

Address: _____

City/Town: _____ Postal Code: _____

Telephone: _____

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 total above to:

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

We look forward to having you join us as a member of the ACO Port Hope Branch.