

Membership Application

Membership status	applied for:			
New				ent or unwaged \$5)
Renewal		Associate (support		
Name (print):				
Name of group you	a represent, if applicable: _			
Mailing address:	Street	City		Postal Code
Phone Number(s):	(home)	(cell)		
E-mail Address:				
Additional donatio (Sorry, because we	n: \$ are an advocacy organiza	tion, we cannot issue	tax receipts.)	
Signature:		Date:		
Mail this form with	h your cheque payable to	<u>Greenspace Watch</u> to	0:	
Greenspace	Alliance of Canada's Cap	ital		

P.O. Box 55085, 240 Sparks Street, Ottawa, ON K1P 1A1