

NEWMARKET TAXPAYERS ADVOCACY GROUP INC.

MEMBERSHIP FORM

PLEASE PRINT

Date: _____

First Name: _____ Surname: _____

Address: _____

Postal Code: _____

Telephone: _____

Email Address: _____

Type of membership:

(only one category of membership per application)

Business \$50/year _____

Individual \$20/year _____

Please describe how you would like to assist our organization.

For Office Use Only

Official Receipt Sent: Yes ____ No ____

Date: _____ Fee: _____ Paid by: Cash Cheque

Please write cheques to "Newmarket Taxpayers Advocacy Group Inc."

Funds received by: _____

Please mail membership application to: Newmarket Taxpayers Advocacy Group, c/o 777 Queen Street,
Newmarket, ON, L3Y 2J4