



Fernwood NRG

Fernwood Neighbourhood Resource Group Society Membership Form

Name: _____

Address: _____ Postal Code: _____

Phone (home): _____ Phone (work): _____

Fax Number: _____ Email Address: _____

Would you like to help out at the Centre by volunteering your time for:

- | | | |
|---|--|---|
| <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Community Development |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Gardening | <input type="checkbox"/> Painting / Maintenance |
| <input type="checkbox"/> Helping in a program | <input type="checkbox"/> Delivering Flyers | <input type="checkbox"/> Putting up posters |
| <input type="checkbox"/> Other (please specify) _____ | | |

Thank you for joining us to strengthen our neighbourhood!

Received _____ Date Approved _____ Response Date _____ Expiry Date _____

