

# Lake Kashagawigamog Organization 2010 MEMBER REGISTRATION FORM

## Primary Member Information

<b>Name(s)</b> _____																			
<b>Mailing Address</b> (Your Newsletter & Renewal notices will be sent here) Street: _____ City: _____ Prov: _____ Postal Code: _____																			
<b>Location Address</b> (This is your Lake 911 Services Address) Street: _____ Municipality: _____																			
<b>Phone:</b> <input type="radio"/> Cottage _____ <input type="radio"/> Home        _____	<b>Email:</b> <input type="radio"/> Cottage _____ <input type="radio"/> Home        _____																		
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<b>Associate Memberships: (if necessary, add additional information on back of form)</b>																			
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<b>Home Phone</b>	_____																		
<b>I wish to assist the LKO as a volunteer. Please contact me at</b> _____																			

Any additional comments:

**OFFICIAL USE**

 Date Rec'd \_\_\_\_\_  
 Amount \_\_\_\_\_  
 Cheque # \_\_\_\_\_

**Please submit this form, along with your cheque to:**  
**Lake Kashagawigamog Organization,**  
**Box 878,**  
**Haliburton, ON K0M 1S0**

Under Province of Ontario Privacy legislation the above noted information will be used solely by the LKO for communication purposes only and will not be released to any other individuals, organizations or commercial enterprises