

Fanny Bay Community Association

Annual Membership Form

Name of each new or previous member 16 years or older as of January 1

Surname _____ Given Name _____

Surname _____ Given Name _____

Surname _____ Given Name _____

Street Address _____

Phone Number _____

Email Address _____

(Providing your email address will allow us to contact you periodically and keep you up to date with all the new community events. Our association is entirely dependent on volunteers for its continued success. Would you be willing to assist on occasion? If so, may we contact you with upcoming opportunities as they arise. *By providing your email address to Fanny Bay Community Association, you are consenting to be contacted. FBCA will not share your email address with any other organization. You can ask to have your email address removed from distribution list at any time.*)

Name of each new or previous member under 16 years as of January 1

Surname _____ Given Name _____

Surname _____ Given Name _____

Surname _____ Given Name _____

Total Fees Submitted _____ Date _____ Received by: _____

Would you be interested in volunteering for upcoming events: YES NO

If so, please list your interests: _____
