



2015 Annual Membership Form

New _____ Renewal _____

Please Print Clearly

Name(s): _____

Membership Fee - \$10.00/person or \$20/family with children under 16

Number of members _____

Mailing Address: _____

Subtotal _____

Town: _____ Postal Code: _____

Additional donation* _____

Telephone: _____

Total enclosed _____

Email: _____

**Your extra donation will help support programs for the community and distribution of The Ryder newsletter.*

Please make cheque payable to Ryde Community Co-op Inc.

Mail to: Jennie Nice, 1043 Sam Cook Rd., Gravenhurst, ON P1P 1R3

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|--|-------|
| <i>Office Use – Date and Initials</i> | |
| Received by: | _____ |
| Card issued by: | _____ |
| Entered by: | _____ |