

REQUEST FOR MEMBERSHIP IN THE LINCOLN GARDEN CLUB

Name: _____

Address: _____

City: _____ , ON

Postal Code: _____

Phone: _____

Email: _____

Please grant me membership for Year _____ at a cost of \$5.00 per person.

This authorizes The Lincoln Garden Club to send notices to the above email address by The Lincoln Garden Club Board Members. I understand that government regulations require a signed consent as part of the Personal Information Protection and Electronic Documents Act, that I may withdraw this consent at any time, and that the Club will not give out, or use my information for any other purpose.

Signed: _____ Date: _____