

Membership Form

Personal Information – Please comp	olete				
Name:			Date		
Address:					
City:	_ Province / State:		Postal Code:		
				Phone (Cell):	
Email:					
Membership Type	New	[]	Renewing	[]	
Full []	Single (\$25.00)	[]	Family/Group (\$40.00)	[]	
Full members have the right to vote and hold office. Fees must be paid by August 31 to be eligible to vote. Membership fees are not tax deductible.					
Supporting []	Single (\$2 5 .00)	[]	Family/Group (\$40.00)	[]	
Supporting	g members do not have votin	g privileges	and may not hold office		
We are offering a free window decal or bumper sticker to all our members!					
Bumper Sticker []	Window Decal	[]	Neither, Thanks	[]	
Do you own a Newfoundland Pony	y? yes[] no	[]	Is it registered? ye	s[] no[]	
Canada's Digital Privacy Act - Personal Information Protection and Electronic Documents Act (PIPEDA) requires that we ask for your permission to share your information with other members of the NPS.					
hereby grant the the Newfoundland Pony Society permission to share my information with other members of the NPS.					
I Grant Permission []	I <u><i>Do Not</i></u> Grant Permi	ssion []		
Donations: In addition to my membership fee, please accept a donation to the Newfoundland Pony Society Registered Canadian Charity, # 89912 3053 RR0001					
nation amount: All donations over \$10.00 will receive a tax receipt.				a tax receipt.	
Can the Society publish your donation on our wall of honour? Name only [] Name & Amount [] Neither []					
If you would like to make your donation online using your credit card, please go to: Click Me! http://www.newfoundlandpony.com					

Please make your cheques or money order payable to the