

Membership Application Form

Memberships may be obtained by mailing this completed form to:

Peterborough Field Naturalists
PO Box 1532
Peterborough Ontario K9J 7H7



PETERBOROUGH FIELD NATURALISTS

Contact Information:

| | |
|----------|-----------|
| Name(s): | Phone(s): |
| Address: | Email(s): |

I would like to receive The Orchid by (Pick One): Mail Delivery E-Mail Both

Membership type and fee schedule:

Notice: Membership fees provide only a small part of the funds required to operate the Peterborough Field Naturalists. Donations from members like you help us offer a diverse range of programming for everyone. Please consider including a donation with your membership so that we can continue to serve you and the Peterborough community. **Please make cheques payable to Peterborough Field Naturalists.**

I have included a donation with my membership fees:
 Yes or No If Yes amount: \$_____

1. Single Adult \$25 2. Single Student \$15 3. Single Child (5 – 12) \$10 4. Family \$30*

***Please give the names and ages of children wishing to enroll in the Junior Field Naturalists:**

| Name: | Age: | Name: | Age: |
|-------|------|-------|------|
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◀ ◀ ◀ New Member Information ▶ ▶ ▶

Main interests:

- Natural Environment Reptiles and Amphibians Botany
 Birds Aquatic Life Geology
 Insects Astronomy Mammals
 Other: _____

How do you hope to participate:

- Outings
 Citizen Science
 Meetings
 Junior Naturalists

Volunteers are always needed. Do you have interest in any of these activities:

- Join the PFN board Sit on research or conservation committees Help with the Orchid publication
 Assist with meetings Work on field projects Lead an outing
 Help the Junior Naturalists Give a presentation

Liability Waiver (New and Returning Members):

In consideration of the Peterborough Field Naturalists (PFN) accepting this application, I hereby for myself, my heirs, executors, administrators and assigns forever release and discharge the PFN, their officers, directors, servants and agents from any liability whatsoever arising from my participation in PFN activities, whether by reason of negligence of the PFN or its representatives, or otherwise. I affirm that I am in good health, capable of performing the exercise required for field trips or other activities in which I participate, and accept as my personal risk the hazards of such participation. As a member of the PFN and/or as a parent / guardian of a member under 18 years of age, I have read and understood the above, and accept its term on behalf of all my underage children

Signature: _____ Date: _____