



Membership Form

Return By: June 1

To Join:

- Online at <http://mcgregorbayassociation.ca/>



Payment options:

or eTransfer (Canadian accounts only) to mbamemberships@gmail.com

- Mail Cheque & Form - Send a cheque payable to 'McGregor Bay Association' and your completed form to Anne Harvey, MBA Membership Secretary, 1206-222 Jackson St. W., Hamilton, ON L8P 4S5 Canada

Part 1: Membership Dues & Contributions

Select ✓ each membership you're registering (check all that apply) and list amount due.

- | | | |
|---|---------------|-----------------|
| <input type="checkbox"/> Regular Membership (voting member, <u>one per property</u>) | @ \$150.00 | \$ _____ |
| <i>(Don't have to pay extra for second member of a couple.)</i> | | |
| <input type="checkbox"/> Extended Family Membership(s), No. _____ * @ \$35.00 each* | | \$ _____ |
| <i>*Person(s) or household(s) in addition to Regular members who want separate membership benefits, e.g., Newsletter.</i> | | |
| <input type="checkbox"/> Business Membership | @ \$90.00 | \$ _____ |
| <input type="checkbox"/> Friend of the Bay (non-resident/s with interest in the Bay) | @ \$50.00 | \$ _____ |
| <input type="checkbox"/> Additional contribution for general use by the McGregor Bay Association | | \$ _____ |
| | Total: | \$ _____ |

Part 2: Member Information: (Please print legibly)

Regular Member Name _____ E-mail _____
For businesses, indicate business name and contact name

Co-owner Name _____ E-mail _____

Address _____ City _____

Province/State _____ Postal/Zip Code _____ Home phone _____
For businesses, indicate business phone #

McGregor Bay phone (List one only) _____

Description of property (Island No., Lot No., or other) _____

GPS coordinates _____, _____

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Part 3: Extended Memberships

List extended family members also being registered:

Name: _____ E-mail: _____

Address: _____ City: _____

Province/State: _____ Postal/Zip Code: _____ Home phone: _____

McGregor Bay phone: _____

Name: _____ E-mail: _____

Address: _____ City: _____

Province/State: _____ Postal/Zip Code: _____ Home phone: _____

McGregor Bay phone: _____

Name: _____ E-mail: _____

Address: _____ City: _____

Province/State: _____ Postal/Zip Code: _____ Home phone: _____

McGregor Bay phone: _____

Part 3: Preferences & Volunteering (Volunteers Needed!!)

1. Check if you prefer to only receive an electronic copy of the newsletter.

2. I would like to volunteer to help with: (check all interested areas)

Membership Recruitment Fire Protection Social Activities (e.g. picnic)

Newsletter Other: _____

3. Priorities for the McGregor Bay Association should be:

4. Other comments:
