

# FRIENDS OF ELLICE & GADS HILL SWAMPS - *swampfriends.ca*

## MEMBERSHIP APPLICATION FORM

**MISSION:** *Working with the community to protect the ecosystem health of Ellice & Gads Hill Swamps through the wise use and management of these long term resources.*

**Membership Type:**       Individual Member \$10.00  
    Corporate Member \$25.00

**Memberships are renewable in July.**

**Were you a member last year?**  Yes     No

**If so, what was your membership number?** \_\_\_\_\_

**Please print your information in the space below:**

Full Name/Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

E-mail: \_\_\_\_\_

Do you live beside either Gads Hill or Ellice Swamp?  Yes     No

If so, would you like to have your membership fee waived for this year?  Yes     No  
(Please call(519-629-3319) or email([swampmemberships@gmail.com](mailto:swampmemberships@gmail.com)) before mailing this form)

Are interested in participating in work days, habitat enhancement activities or education programs?  Yes     No

Which type of activities do you participate in at the swamp?

Hunting    Hiking    Snowmobiling    Bird Watching    Other: \_\_\_\_\_

Are you a member of any other environmental/outdoor club/organization?  Yes     No

If so, please list \_\_\_\_\_

**APPLICANT'S SIGNATURE is required** for the following purpose that you agree to allow the Friends of Ellice & Gads Hill Swamps to forward your name and information to the Upper Thames River Conservation Authority for the possible issuing of a Hunting permit for the swamps.

Applicants Signature: \_\_\_\_\_

**Please make cheques payable to:** *The Friends of Ellice & Gads Hill Swamps*

**Mail completed Membership Application Form and Payment to:**

Swamp Friends Memberships: 4906 Linhaven Dr      Gads Hill, ON      NOK 1J0

**For Office Use Only:**

Amount Paid: \_\_\_\_\_  cash or  cheque # \_\_\_\_\_

Date received: \_\_\_\_\_ Date entered into database: \_\_\_\_\_

Date membership card sent out: \_\_\_\_\_ Membership Number: \_\_\_\_\_