



TCA MEMBERSHIP FORM

New member _____ Renewal _____

Annual dues are **\$25 Single** or **\$35 Household (spouse, partner, relative)**

Payable June 1st of each year

Date: _____

Name: _____

Name as it should appear on badge (if different from above):

Household Name(s): _____

Street: _____

City: _____ Prov: _____ Postcode: _____

Telephone Number: (____) _____

E-mail Address: _____

Annual Dues:

\$25 single / \$35 household \$ _____ Donation \$ _____ Total \$ _____

Please make cheques payable to: **Toronto Cornish Association**

Mail to: Toronto Cornish Association

1539 Scollard Crescent

Peterborough, Ontario.

K9H 7L1 Canada

YOUR RESEARCH: Interest / Surname / Parish or Town / Approximate Period:

www.torontocornishassociation.org