

Kawartha Turtle Trauma Centre



PLEASE HELP US PRESERVE A VITAL COMPONENT OF OUR WETLANDS

KTTC Annual Membership Application Form

Please print clearly!

Date _____

Name _____

Address _____

City _____ Prov _____ Postal Code _____

Phone _____ E-mail _____

Members will receive a membership card and the quarterly KTTC Newsletter.

	New	Renewal
Student Membership \$15	<input type="checkbox"/>	<input type="checkbox"/>
Individual or Family Membership \$25	<input type="checkbox"/>	<input type="checkbox"/>
Corporate Membership \$100	<input type="checkbox"/>	<input type="checkbox"/>

I / We would like to receive the KTTC Newsletter by mail by e-mail

Please remit your cheque payable to *Kawartha Turtle Trauma Centre*, and mail with your completed form to KTTC c/o Riverview Park and Zoo, PO Box 4125 Peterborough ON K9J 6Z5.

Questions?

Visit www.kawarthaturtle.org, or contact us at 705 748 9301 ext 2303.