



SUBSCRIBER APPLICATION

(PLEASE PRINT)

Name: _____

Organization: _____

Address: Street: _____

City: _____

Province/State: _____ Postal/Zip Code: _____

Country: _____

Phone: _____

Email: _____

Website: _____

YES, send news updates to my email address. **NO**, do not send me end email updates

Subscriber Fee: \$ _____ **Adults - \$30/yr or Youth (under 21 years) - \$20/yr**

Donation Amount: \$ _____ *Registered Charity Number: 781915293RR0001*

Total Payment: \$ _____

Payment Options: (please select one)

Cheque — make payable to **Action CIND**

Visa

Mastercard

Other: _____

Card Number: _____

Name on Card: _____

Expiry Date: Month: _____ Year: _____ CSV: _____

Please consider leaving a gift to Action CIND / Action MCIN in your will.

Signature

Date

Application & payment can be mailed to:

Action CIND

P.O. Box 99

Brechin ON, L0K 1B0

www.actioncind.org

info@actioncind.org

Thank you for your support