



**ATTENTION: MEMBERSHIP
ZURAKOWSKI PARK PROJECT
85 Bay Street
Barry's Bay Ontario Canada
K0J 1B0**

NAME: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____
(If different from street address)

CITY: _____

PROV/STATE: _____

COUNTRY: _____ PC/ZIP: _____

PHONE: _____

E-MAIL: _____

MEMBERSHIP FEES ARE AS FOLLOWS:

\$10.00 individual

\$15.00 family

DONATION \$ _____

Income tax receipt will be issued for donations of \$25.00 or more.

AMOUNT ENCLOSED: \$ _____

(Cheque or money order payable to: Zurakowski Park)