Enoch Turner Schoolhouse Membership Form

Member Name(s)		_
Type of Membership:		
Student (full time) (\$10)	Individual (\$25)	
	Institutions (\$50)	
I prefer to receive notices by:		
Email:		
Mail:		
_		latters and other publications of the Ontario
	eritage Matters: Yes No_	
If yes, I consent to my mailing	g address being shared with the O	ntario Heritage Trust
Address same as above:	or:	
Address:		
In addition to a membership,	I would like to make a contribution	of \$
Tax receipts are issued for co	ontributions only. Mailing address i	must be provided for charitable receipt.
Please make your cheque pa	yable to Enoch Turner Schoolho	ouse Foundation.
Mail this form and your paym	ent to: Enoch Turner Schoolhouse	Foundation, 106 Trinity Street, Toronto
ON M5A 3C6		
For more information, contac	t info@enochturnerschoolhouse.ca	a or call the Schoolhouse directly at 416-327-
6997.		

Personal information on this form will be used for marketing and fundraising purposes. This information will not be shared with other organizations. For further information, please contact the Administrator, Enoch Turner Schoolhouse Foundation, 106 Trinity Street, Toronto, Ontario M5A 3C6 Telephone; 416-327-6997.