



Pickering Recreation Centre
1867 Valley Farm Road
Pickering, Ontario

Date : _____

MEMBERSHIP FORM

Please print clearly

Member : _____

Family / Group / Corporate name : _____
List all members on reverse side

Address : _____

City : _____ Province : _____

Postal Code : _____ eMail Address : _____

Preference for communication : Postal _____ eMail _____

Telephone/Home : _____ Business : _____ Cell : _____

Area(s) of Interest : _____

Type of Membership (circle one) :

Individual	\$ 25	Student	\$ 20	Senior	\$ 20
Family	\$ 30	Group	\$ 35		
Corp (<100)	\$ 100	Corp (>100)	\$ 200		

Donations

In addition, I would like to donate \$ _____ to the Durham West Arts Centre
Tax receipts issued for donations over \$ 30.00

Please make your cheque payable to: Durham West Arts Centre

Mailing Address : Durham West Arts Centre
P.O. Box 667
Pickering, Ontario, L1V 3T3

Telephone Contact : 905-420-2667

eMail address: membership@dwac.ca