

Memorial Society of Kitchener-Waterloo and Area

Membership Registration Form

Please print and complete this form and mail with your cheque to:

KW Memorial Society
537 Frederick St., P. O. Box 23032
Kitchener ON N2B 3V1

Title (Optional)	Surname	First Name	Birth Year	Amount
				\$ 30.00
				\$ 30.00
Optional Donation to the Society				\$
TOTAL				\$

Mailing Address		
House number and street name	City and Province	Postal Code

Phone:		Email:	
---------------	--	---------------	--

How did you hear about us?	
<input type="checkbox"/> Member	<input type="checkbox"/> Website
<input type="checkbox"/> Funeral Home (specify below)	<input type="checkbox"/> Media/Advertisement (specify below)
<input type="checkbox"/> Our Brochure	<input type="checkbox"/> Other (specify below)
Specifics:	

Signatures:	

If you have any comments or questions, please write them on the back of this sheet.