

DON MILLS RESIDENTS INCORPORATED - MEMBERSHIP APPLICATION/RENEWAL

Date _____

NAME: _____ Mr. [] Mrs [] Ms [] Dr []

ADDRESS _____

_____ Postal Code _____ Phone _____

Email Address (optional) _____

Annual Membership \$25.00 [] Donation [] Total Amount Enclosed \$ _____

Number of people this membership represents: Adults _____ Children under 18 _____

PLEASE RETURN WITH PAYMENT TO: **DMRI, P. O. Box 603, DON MILLS, Ontario M3C 2T6**

Comments: _____
