

Ontario Eastern Bluebird Society (OEBS)
Membership Application
() NEW MEMBER () RENEWING MEMBER

Name _____
Street Address _____
City/Town _____ Province _____ Postal Code _____
Telephone: () _____
e-mail address: _____

Dues - Payable by December 31 each year.

Individual \$10.00 _____ (1 member - 1 vote at Annual General Meeting)
Family \$15.00 _____ (2 members - 2 votes at Annual General Meeting)
Donation _____ (Receipts for \$10 or more- #80896 6824 RR0001)
Total Enclosed _____ (Make cheques payable to OEBS)

Would you like to receive your newsletter by email? () Yes () No

Do you have an Eastern Bluebird trail? () Yes () No

If yes: Number of boxes _____ in what County? _____

Would you serve on the Board of Directors? () Yes () No () In the future

Would you like to help birders in your area?

Tick here if you would be willing to serve as a Regional Co-ordinator. () Yes

Mail Form and Cheque to: **OEBS c/o Anne Davidson**
187 Eagle Street Delhi ON N4B 1S7