



**PICKERING NATURALISTS  
MEMBERSHIP APPLICATION OR RENEWAL**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Single \$25.00       Family \$30.00       Life \$250.00

Please make cheque payable to Pickering Naturalists, and send to

Pickering Naturalists  
P.O. Box 304  
Pickering, ON L1V 2R6

In consideration of being accepted as a member of the **Pickering Naturalists**, I hereby release **Pickering Naturalists**, its directors and representatives for any liability whatever arising as a result of my or my children's participation in **Pickering Naturalists**, and I declare that this release is binding upon me, my heirs, executors, and administrators.

Signature \_\_\_\_\_

Date: \_\_\_\_\_