



**PICKERING NATURALISTS
MEMBERSHIP APPLICATION OR RENEWAL**

Name _____

Address _____

Phone _____

Email _____

Single \$21.00 Family \$25.00 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: _____