



KAWARTHA FIELD NATURALISTS

www.kawarthafieldnaturalists.org

Membership application form

Memberships may be obtained by mailing completed form and cheque to
Kawartha Field Naturalists
PO Box 133, Fenelon Falls, ON K0M 1K0

CONTACT

Name(s):		Home Tel:	
		Work Tel:	
Address		Email(s):	

MEMBERSHIP TYPE & FEE SCHEDULE

Please make cheques payable to Kawartha Field Naturalists

Single Adult \$20 Student (18 +) \$15 Single Lifetime \$250 Family Lifetime \$350
Youth under 18 are free, when accompanied by an adult.

MAIN INTERESTS

<input type="checkbox"/> Birds	<input type="checkbox"/> Butterflies/Dragonflies	<input type="checkbox"/> Botany (Wildflowers, ferns, trees)
<input type="checkbox"/> Animals	<input type="checkbox"/> Insects	<input type="checkbox"/> Geology
<input type="checkbox"/> Reptiles and Amphibians	<input type="checkbox"/> Fish/Aquatic Life	<input type="checkbox"/> Astronomy
<input type="checkbox"/> Hiking	<input type="checkbox"/> Field Trips	<input type="checkbox"/> Conservation
<input type="checkbox"/> Mycology	<input type="checkbox"/> Other (specify)	

I (name) _____ am knowledgeable in the following areas _____ and would be prepared to

lead an outdoor session give a presentation prepare an article

I am interested in the following:

Joining the KFN Executive Forming or sitting on a committee Working on field projects
 Newsletter Helping with refreshments at meetings Helping with meeting setup/teardown
 Please have a member of the executive call me

AGE GROUP

This information helps us to understand the needs of our members. If a family membership, please check for each adult

Under 20 20-29 30-39 40-49 50-59 60-69 70-79 Over 80

DONATIONS

Membership fees cover the general operating costs of the club, while other sources of revenue are needed to fund special projects, such as trail maintenance, ecological restoration, etc. You can assist the club by making a donation to help further our work in such areas. All donations are welcomed and gratefully received and any member of the executive will be happy to speak to you concerning donations.

LIABILITY WAIVER

In consideration of the Kawartha Field Naturalists (KFN) accepting this application, I hereby for myself, my heirs, executors, administrators and assigns forever release and discharge the KFN, their officers, directors, servants and agents from any liability whatsoever arising from my participation in KFN activities, whether by reason of negligence of the KFN or its representative, or otherwise. I affirm that I am in good health, capable of performing the exercise required for field trips or other activities in which I participate, and accept as my personal risk the hazards of such participation. As a member of the KFN and/or as a parent/guardian of a member under 18 years of age, I have read and understand the above, accept its term on behalf of all of my underage children.

Signature _____ **Date** _____

For administrative use only entered membership card issued.

GUESTS ARE ALWAYS WELCOME