

Membership Form

Name: _____

Address: _____

City/Town: _____

Province: _____ Postal Code: _____

Email: _____ Phone: _____

Do you wish to receive a sporadic email newsletter? _____

Do you wish to be further involved with CHCR? _____

If yes, how? _____

Approved Membership Date: _____

Renewal Date: _____

Type:	Single (\$20/year)	Family (\$30/year)
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Received from: _____ The sum of: _____

For annual membership in CHCR, Canadian Homegrown Community Radio

CHCR
P.O. Box 195, Unit A
Killaloe, Ontario K0J 2A0

Phone: 613-757-0657
Fax: 613-757-0208
Email: stationmanager@chcr.org
WWW: <http://chcr.org>

