

Stinson Community Association Membership Form

Date: _____ / _____ / _____ (MM/DD/YYYY)

Name: _____

Address: _____

Postal Code: _____ - _____

Email: _____

Please check appropriate box below

Renewal		New Member		
One Year - \$12				
Two Years - \$18				
Donation - \$				

If you can help out in any capacity, please explain below and provide your phone number.

Telephone: _____

Please make cheque payable to:

Stinson Community Association

Mail to:

Stinson Community Association
c/o Central Memorial Association
93 West Ave S.
Hamilton, Ontario
L8N 1S1

Help make Stinson **the** safe, clean, attractive, model urban neighborhood of Hamilton.

