

KAWARTHA FIELD NATURALISTS

www.kawarthafieldnaturalists.org

Membership application form

Please complete and mail with cheque to Kawartha Field Naturalists 133 Driftwood Village Dr.Coboconk,ON KOM 1K0 or e-transfer to Kawartha Field Naturalists gerarda60@gmail.com

CONTACT	
	Home Tel:
Name(s):	Work Tel:
Address	Email(s):
MEMBERSHIP TYPE & FEE SCHEDULE	
Please make cheques payable to Kawartha Field Naturalists or e-transfer to Kawartha Field Naturalists gerarda60@hotmail.cm	
Single Adult \$20 □ Student (18 +) \$15 □ Single Lifetime \$250 □ Family Lifetime \$350 □ Youth under 18 are free, when accompanied by an adult.	
MAIN INTERESTS	
□ Birds □ Butterflies/Dragonflies	☐ Botany (Wildflowers, ferns, trees)
□ Animals □ Insects	☐ Geology
☐ Reptiles and Amphibians ☐ Fish/Aquatic Life	Astronomy
☐ Hiking☐ Field Trips☐ Mycology☐ Other (specify)	☐ Conservation
☐ Mycology ☐ 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	
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.	
SignatureDate	
For administrative use only entered membership card issued	