



**Application for
Individual Life Membership
One-time Fee: \$100.00**

Name: _____

Please print name in full

Address: _____

City/Town: _____

Postal Code: _____

County/Region: _____

Phone: _____

Email: _____

Date: _____

Payment enclosed or Please send an invoice

Submit completed form to the Ontario Agricultural Hall of Fame office by mail, fax or email (contact information above).