



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: _____

Pay by cheque or Please send an invoice

Pay by credit card

Credit Card Number: _____

Expiry: _____

CVV: _____

Name on Card: _____

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