

Concerned Citizens of King Township Membership Form 2020

Name(s) (please print) _____

Address _____

City/Town _____ Postal Code _____

Telephone _____

I enclose _____ for membership: New Renewal

\$20 Annual \$300 Life Membership

Date: _____

Signature _____

If preferred, you can pay by VISA

VISA # _____ Expiry date _____

Name on card _____

Please make cheques payable to Concerned Citizens of King Township

Mail to: CCKT
P.O. Box 875,
King City, ON L7B 1A9

- Please send me the newsletter electronically by e-mail to _____
- I prefer to receive the newsletter by ordinary mail