

Leash Free Milton Annual Membership Form

Pet Parent(s)

1. First Name _____ Last Name _____

2. First Name _____ Last Name _____

Address _____ Postal Code _____

Phone No _____ Email _____

Dog's Name	Breed	Colour	M/F
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1. _____	_____	_____	_____
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2. _____	_____	_____	_____
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3. _____	_____	_____	_____
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I understand that I am responsible for the actions and behavior of my dog(s) and child(ren) at all times while visiting the park. I agree that for all concerned, the safety of all participants must be preserved, by following the guidelines set out on Leash Free Milton's website.

Kindly complete and return this form to leashfreemilton@gmail.com and e-transfer the amount below to the same email address (leashfreemilton@gmail.com).

\$10.00 for one dog _____ \$15 for two or more dogs _____ Donation _____

Members' Signatures _____ Date _____

As with any volunteer-run organization, we depend heavily on volunteer participation. If you have a skill to lend or would like to help out in some way, please indicate here:

Fundraising Landscaping Garbage Removal

Lawn Care Other _____

Help keep our Park clean...pick up after your pooch!

On behalf of Leash Free Milton, thank you for your support!!

