

SUMMERHILL RESIDENTS ASSOCIATION

I wish to renew/purchase membership of the Summerhill Residents Association (SRA) for the membership year 2020. Memberships are per individual \$25.00

Name (please print)

Home Address:

E-mail Address (please print carefully)

Second E-mail Address

Telephone:

Membership fee: \$25

Signature _____ Date: _____

Receipt: _____ Date: _____

The undersigned hereby acknowledges receipt from _____
in the amount of \$ _____ for an individual SRA membership for 2020.

Cheque: _____ Cash: _____

Signature of Board Member:

Please contact summerhillresidentsassociation@gmail.com to find out where to drop the form off.