

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 (please print carefully)

Telephone

Membership fee

Signature _____ **Date:** _____

Tear Here

Receipt:

Date:

**The undersigned hereby acknowledges receipt from _____
in the amount of \$ _____ for an individual SRA membership for 2018**

Signature of Board Member

Cheque _____ **Cash** ___